AAOMS TODAY

January/February 2020
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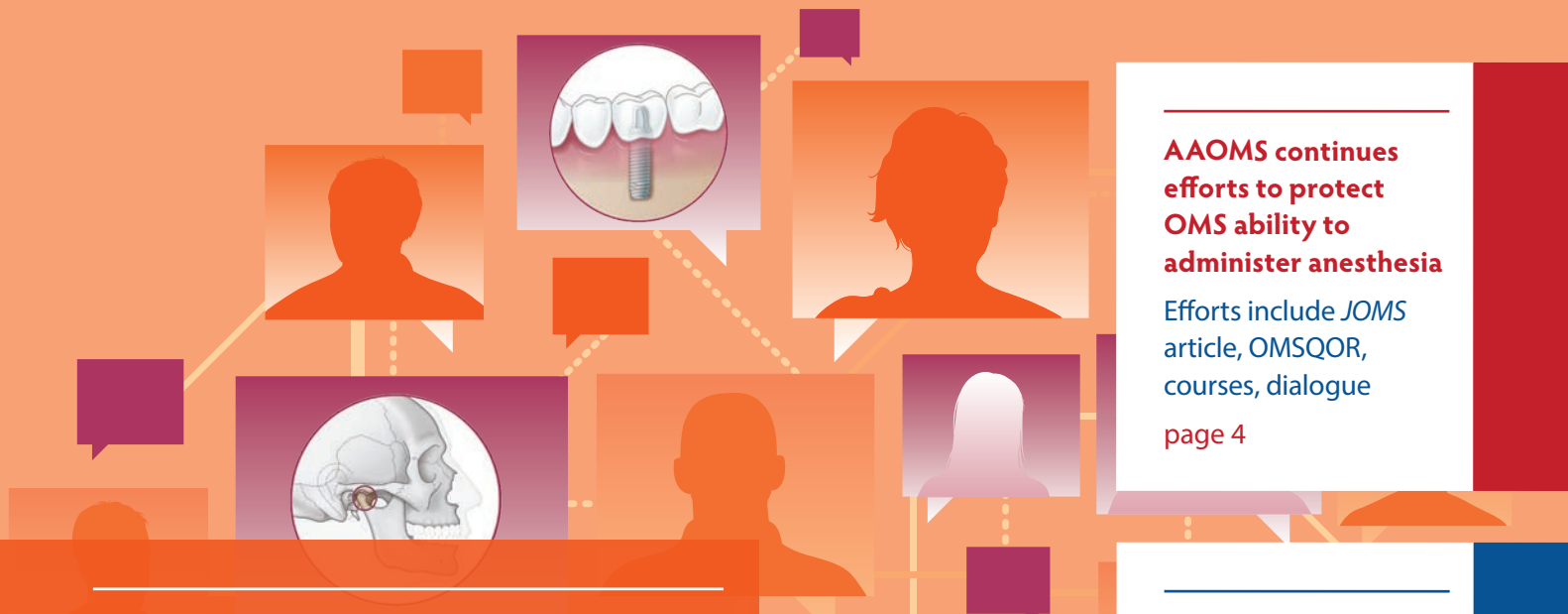

AAOMS continues efforts to protect OMS ability to administer anesthesia

Efforts include *JOMS* article, OMSQOR, courses, dialogue

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Reaching even more prospective patients

Informational Campaign promotes OMS expertise

"AAOMS is seeing a substantial return-on-investment from our Informational Campaign efforts."
– AAOMS President Dr. Victor L. Nannini

***AAOMS Today:* Award-winning AAOMS member magazine**

AADEJ American Association of Dental Editors & Journalists

2018: Distinguished Dental Editor Award to Dr. Daniel Laskin

APEX 1988 30 YEARS 2018 AWARDS FOR PUBLICATION EXCELLENCE

2018: Most Improved Magazine

HealthcareADAWARDS

2019: Gold Award in Newsletter category

2018: Bronze Award in Newsletter category

HERMES CREATIVE AWARDS 2019 PLATINUM WINNER

2019: Platinum Awards in Magazine and Overall Writing categories

ICD International College of Dentists USA Section Journalism Awards Competition

2019: Silver Scroll Division I winner

2018: Newsletter Division I winner

2019 MARCOM PLATINUM WINNER

2019: Platinum Award in Association Magazine category

Victor L. Nannini, DDS, FACS
AAOMS President

We as oral and maxillofacial surgeons should be extremely proud of the services we provide to millions of patients every year, performing them safely and effectively.

AAOMS continues efforts

When our membership is polled, the No. 1 request is always to preserve and protect our ability to provide anesthesia for our patients. I can assure you that also is the AAOMS Board of Trustees' priority.

We are certainly challenged by the recent publication of a Joint Statement endorsed by the American Society of Anesthesiologists and three other organizations that recommends a "multi-provider team-based safe practice model," including a second professional capable of monitoring the patient, managing the airway, establishing venous access for the administration of rescue operations and resuscitation when deep sedation/general anesthesia is administered to pediatric patients in a dental office.

This Joint Statement reflects the recommendations in the updated guidelines from the American Academy of Pediatrics (AAP) and the American Academy of Pediatric Dentistry that state: "The independent observer in the dental facility, as permitted by state regulation, must be 1 of the following: a physician anesthesiologist, a certified registered nurse anesthetist, a second oral surgeon, or a dentist anesthesiologist."

In addition, state dental boards may be faced with petitions or requests to evaluate the delivery of anesthesia in the office-based setting, including the pediatric patient. (Please remember that the Joint Statement and AAP guidelines do not impact how you practice, which is determined by each state's required permit or certificate process.)

AAOMS is responding on multiple fronts. An article written by the Board of Trustees responded to the many fallacies and erroneous statements in both the guidelines and joint statement. This was distributed to AAP's *Pediatrics* journal. AAOMS also responded with an article published in the December *JOMS* (reprinted here on pages 6-10). A letter reiterating our outstanding anesthesia safety record was sent to all state society presidents and dental boards for their use if challenged. We also provide toolkits to all state societies emphasizing our commitment to patient safety in anesthesia.

Since the collection of data becomes paramount in all discussions, we appreciate the value of our OMS Quality Outcomes Registry (OMSQOR®). The registry collects aggregate and de-identified data – including patient demographics, procedures and medications – from participating members' electronic health record databases. This registry aims to help our members determine potential gaps, improve patient

to protect your ability to administer anesthesia

outcomes, seek fair and equitable reimbursement for services as well as identify common diagnoses for specific bundled procedures. OMSQOR also is expected to assist federal and state advocacy efforts to protect the delivery of anesthesia and the OMS anesthesia team model. Active U.S. AAOMS members can learn more at AAOMS.org/OMSQOR.

We urge OMSVision users to participate in OMSQOR. Your enrollment will help us accumulate a vast array of information – including how many anesthetics are performed, which in the past was only an estimation. I encourage all of you to consider participating.

We do have some recent data unrelated to our registry. Recently, two dental benefits companies provided AAOMS with anesthesia claims data. A private dental benefits company provided three years of data; the other – a Medicaid benefits administrator – provided two years.

While only a snapshot of claims data, we believe this limited data set is representative of the services delivered to dental patients nationwide. For 2016, 2017 and 2018, the number of patients who received anesthetic services from oral and maxillofacial surgeons totaled 2,663,670. More than 1 million beneficiaries were associated with the private carrier and, of those, 9,221 were patients under the age of 10. The same carrier reported that 1,364 anesthetics were delivered by dental anesthesiologists with 453 of those patients younger than 10.

We know when unfortunate anesthetic events occur, it is usually related to poor patient selection and the inability to react properly to emergencies and maintain a viable airway.

I am pleased to report that a module of our National Simulation Program – Basic Emergency Airway Management (BEAM) – had a very successful inauguration at our Annual Meeting in Boston. The scenarios in BEAM provide hands-on experience with the difficult airway in a constructive and educational manner. Office-Based Crisis Management (OBCM), the second module of the National Simulation Program, offers a team-based approach to managing emergencies that will allow your office staff to practice various emergencies in a coordinated and educational environment.

Both simulation programs will be offered at our newly constructed OMS Institute for Education and Innovation at AAOMS headquarters in Rosemont, Ill., and we plan to provide these modules across the country. The more we prepare for emergencies, the better we will be able to respond, if necessary.

I have been encouraged to see an increase in Dental Anesthesia Assistant National Certification Examination (DAANCE) participation by our membership over the last couple of years, but we can do better. Having successfully trained several of my staff through this process, I can tell you that, once completed, they are energized, much more knowledgeable and will absolutely be able to assist if indeed an unfortunate event occurs. Education of our staff is absolutely critical to maintaining our ability to provide this safe, efficient and affordable anesthesia that has benefited so many patients.

We also are turning toward research by reviewing our Third Molar Clinical Trials, which had significant anesthesia data. AAOMS and the OMS Foundation have each committed $75,000 to fund research specifically related to anesthesia and our practice model. For too long, we have been challenged from outside entities claiming erroneous information without any factual data. We plan to change that in the near future.

We are very confident that research will clearly prove that OMSs practice with an impeccable safety record. If you have not contributed to the Foundation in a meaningful way, there could not be a more appropriate time or better reason than now.

Most issues related to anesthesia are decided at the state level. Fortunately, we have many OMSs on state dental boards, but our goal is to have one or more in every state. It is imperative our state societies join us in this effort. Only then will we have fair representation when anesthesia regulations are considered.

We will continue to communicate with other organizations – and find common ground – so they can understand our commitment to patient safety and how that benefits everyone in medicine and dentistry. Ultimately, that should be the end result of everyone involved.

As your new President facing many challenging issues, I have found the guidance and leadership offered by Dr. Tom Indresano to be invaluable. Our organization is in a better place because of his efforts. He and your dedicated Board of Trustees and AAOMS staff will continue to work diligently with a commitment of patient and anesthesia safety secondary to none.

We as oral and maxillofacial surgeons should be extremely proud of the services we provide to millions of patients every year, performing them safely and effectively. ■

Editor's note: *The AAOMS Board of Trustees continues to focus on strategies to protect and preserve the OMS anesthesia team model in response to a Joint Statement endorsed by the American Society of Anesthesiologists and three other organizations that recommends a "multi-provider team-based safe practice model." The AAOMS response includes an article published online Sept. 12 and in the December print issue of* JOMS. *The following is the full text:*

AAOMS response to recent challenges to OMS office-based anesthesia for pediatric patients

Both "The Joint Statement from the American Society of Anesthesiologists [ASA], the Society for Pediatric Anesthesia [SPA], the American Society of Dentist Anesthesiologists [ASDA], and the Society for Pediatric Sedation [SPS] Regarding the Use of Deep Sedation/General Anesthesia for Pediatric Dental Procedures Using the Single-Provider/Operator Model[1]" (Joint Statement) and the 2019 update of the American Academy of Pediatrics and American Academy of Pediatric Dentistry "Guidelines for Monitoring and Management of Pediatric Patients Before, During and After Sedation for Diagnostic and Therapeutic Procedures[2]" (2019 AAP/AAPD Guidelines) were prepared without the input of the American Association of Oral and Maxillofacial Surgeons (AAOMS).

AAOMS and its members have been dedicated to providing safe, cost-effective, and accessible anesthesia services for adult and pediatric patients in the outpatient setting for more than 60 years with an unparalleled safety record. AAOMS and its Board of Trustees have long had a focus on patient safety as a core value that drives the Association's policies and functions, embracing a multifaceted approach to support the strong and long-held belief in a culture of safety and especially anesthesia patient safety.

In providing pediatric anesthesia, AAOMS agrees with the Joint Statement that, "One must always be prepared for unexpected adverse events. For children, this most commonly means compromised breathing (apnea, airway obstruction, laryngospasm)." Working directly in the airway, the oral and maxillofacial surgeon is well-trained to recognize and treat such adverse events. The Joint Statement does recognize the ability of the oral and maxillofacial surgeon to provide pediatric anesthesia and deep sedation along with resuscitative measures, and explicitly states, the ASA, SPA, ASDA and SPS "… in the interest of safe oral surgery/dental care for all children, endorse the highest standards for procedural monitoring, administration of sedating drugs, and resuscitation by trained professionals independent of the operating surgeon/dentist, as clearly stated in the revised AAP guidelines. The use of a second oral surgeon to manage sedation, monitoring and rescue would be entirely consistent with this standard."

The concern expressed in the Joint Statement about the oral and maxillofacial surgery pediatric anesthesia model is not the education, training and anesthesia/resuscitative capabilities of the oral and maxillofacial surgeon, but, rather, the Joint Statement concern focuses on "…an appropriately qualified, dedicated monitor who is prepared to meaningfully help in the event of a patient emergency" for patients undergoing deep sedation/general anesthesia.

The Joint Statement and the 2019 AAP/AAPD Guidelines advocate for "…the provision of a second well-trained professional capable of monitoring the patient, managing the airway, establishing venous access for the administration of rescue medications, and resuscitation," and terms this approach as "…the multi-provider team-based safe practice model," during the delivery of deep sedation/general anesthesia with the requirement that "…the surgeon or proceduralist and the professional responsible for the monitoring and sedation of the patient are two distinct individuals with separate patient-specific tasks."

The Joint Statement contends that a separate medical anesthesiologist, dental anesthesiologist or CRNA (anesthetist) providing anesthesia for a pediatric patient with an operating general or pediatric dentist and dental assistant constitutes a "multi-provider team-based safe practice model." AAOMS disputes this claim of safety because the general dentist and general dental assistant providing deep sedation/general anesthesia in their offices most likely do not have the capability

to establish venous access, administer drugs and provide airway assistance. Unfortunately, such capability also is rarely possessed by the pediatric dentist (even those with PALS certification) or the pediatric dental assistant. The limited anesthesia education and training of the general and pediatric dentist – and the general and pediatric dental assistant – does not cover those specific patient safety skills; therefore, they would not be considered an "appropriately qualified" or "well-trained" professional.

AAOMS takes issue with the Joint Statement's claim that the OMS pediatric anesthesia team model "…does not ensure an appropriately qualified, dedicated monitor who is prepared to meaningfully help in the event of a patient emergency" during deep sedation/general anesthesia, and disagrees with the Joint Statement's conclusions regarding the dental anesthesia assistant and the Dental Anesthesia Assistant National Certification Examination (DAANCE). The statement that DAANCE was specifically designed to circumvent the recommendations of the AAP is erroneous. AAOMS developed the Dental Anesthesia Assistant National Certification Examination (DAANCE) to strengthen the anesthesia team model. Awarded national certification status in 2009, DAANCE is administered by a professional certification testing agency. Through the rigorous test development, calibration process and job-analysis assessment, the examination has proven to be psychometrically superior and validates the understanding and competency of those individuals performing a unique set of job skills for which they are being tested.

It is crucial to understand the significant differences in anesthesia training received by different types of dental providers.

It is crucial to understand the significant differences in anesthesia training received by different types of dental providers. The anesthesia training for oral and maxillofacial surgeons begins with OMS residency education standards that require a comprehensive 32-week medical/anesthesia rotation with a minimum of 20 weeks rotation on the medical anesthesia service and four weeks dedicated to pediatric anesthesia. This education is then followed by an ongoing outpatient experience in all forms of anesthesia throughout the four to six years of OMS training. The mandated training in an oral and maxillofacial surgery program is significantly more comprehensive than that required in a pediatric or general dentistry residency.

Once in practice, AAOMS members – as a basic membership requirement – must participate in a mandatory Office Anesthesia Evaluation (OAE) program. This 25-year-old program is continually updated and improved as new and safer anesthesia practices and initiatives are developed and adopted. The OAE program requires completion of an on-site inspection of OMS facilities to validate that the highest level of safety is provided to patients. These inspections include ensuring proper emergency safeguards are in place and proper patient selection protocols are adhered to, as well as compliance with all state law and permitting requirements and appropriate training of all staff in the OMS office.

AAOMS also has developed state-of-the-art anesthesia emergency management simulation training modules, which help maintain the OMS team's critical skills in emergency airway management and office-based crisis management. These courses and more in development will continue to enhance and promote safety and excellence provided by the well-trained OMS anesthesia team.

Of note, AAOMS was the first dental specialty organization to embrace the mandatory requirement of end-tidal carbon dioxide monitoring in the delivery of outpatient office-based anesthesia. AAOMS actively supported revisions of the American Dental Association's Council on Dental Education and Licensure anesthesia guidelines requiring the use of end tidal CO2 monitoring for moderate and deep sedation in the dental setting. These revised guidelines reflect the accepted definitions of light, moderate, and deep sedation without distinctions based on route of administration.

Neither the Joint Statement nor the 2019 AAP/AAPD Guidelines actually define pediatric age. Numerous organizations and published papers have indicated that cardiopulmonary development of children 8 years and older allow for resuscitative techniques similar to that of small adults, while children 7 and under require different resuscitative techniques. Both the 2016 AAP/AAPD Guidelines[3] and the 2019 update[2] have recognized that anesthesia for young pediatric patients differ from older patients and state:

Children younger than 6 years or those with developmental delay often require an increased depth of sedation to gain control of their behavior. Children younger than 6 years (particularly those younger than 6 months) may be at greatest risk of an adverse event. Children in this age group are particularly vulnerable to sedating medication's effects on respiratory drive, airway patency, and protective airway reflexes.

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The American Heart Association has published recommendations for "what defines an infant, child, and adult" in "Part 10: Pediatric Advanced Life Support" of the Emergency Cardiovascular Care (ECC) Guidelines of the American Heart Association[4], which state: For the purposes of these guidelines, the term "child" refers to the age group from 1 year to 8 years.

The establishment of a pediatric age of 7 and under is logical for the purposes of anesthesia regulation.

Oral and maxillofacial surgeons perform hundreds of thousands of office-based sedations and anesthetic procedures with an impeccable safety record throughout the United States every year. AAOMS observes with interest that both the Joint Statement and the 2019 AAP/AAPD Guidelines overlook important risk factors that can be present in the ever-increasing use of the itinerant practice of anesthesia in dental offices. The OMS anesthetic safety focus is on patient selection, a personalized anesthetic plan and crisis management. The concerns with the itinerant practice of anesthesia in a dental office are that, all too often, the support staff is inadequately trained and unfamiliar to the "mobile anesthesiologist," and the facility may not be designed for anesthesia delivery. AAOMS believes it is unethical to perform anesthesia in an unsafe or unsuitably staffed facility. The provider of both the dental procedure and the anesthesia must comply with state laws pertaining to permitting and licensing of any office facility, including staffing requirements. Safety weaknesses in the itinerant model of dental office-based anesthesia delivery have resulted in cases of severe morbidity/mortality that have occurred utilizing the "multi-provider team-based safe practice model."

> *The OMS anesthetic safety focus is on patient selection, a personalized anesthetic plan and crisis management.*

AAOMS also is concerned that expert opinion – recognized by medical researchers as the lowest level in the hierarchy of evidence-based practice in healthcare – was the chosen methodology on which the rationale of the 2019 AAP/AAPD Guidelines is based. No new data or evidence was introduced by the AAP/AAPD into the background information to support the changes. Specifically, no scientific evidence other than opinion was introduced or provided to support changes in dental personnel for pediatric deep sedation/general anesthesia.

It also is essential that AAOMS be an active participant in any conversations related to the delivery of anesthesia in dental offices. Any revisions related to the anesthetic care of the dental patient should be made only with the expertise and clinical knowledge base of the OMS community.

In a 2018 editorial published by the American Academy of Pediatric Dentistry[5], its chief policy officer along with others discussed the current state of safety measures in pediatric dentistry; "Our first revelation was that we do not really know how safe pediatric or any type of dental practice really is. No registry exists for morbidity and mortality, even for sedation." They also stated that "Dentistry is devoid of any sort of coordinated system to identify safety-related events and address them as is common in medicine and hospital care."

To the contrary, AAOMS has developed the OMS Quality Outcomes Registry (OMSQOR) that is now collecting data from community OMS practices to compile baseline data with which to scientifically evaluate and validate the observed safety record of the OMS anesthesia team model of office-based anesthesia delivery. Further, based on the successful ASA incident data collection program Anesthesia Incident Reporting System (AIRS), AAOMS has developed and launched the Dental Anesthesia Incident Reporting System (DAIRS). These anonymous, de-identified, self-reported registries collect data on incidents and near-miss incidents that are sedation- and anesthesia-related. These data will be used to drive continuous patient safety improvement initiatives and continuing education programs.

Despite the highest levels of quality care and a continuous focus on safety, a small number of adverse events occur regardless of the safeguards in place. These rare events create negative publicity, which has devastating consequences to all parties involved – including the entire dental and medical community. In the recent past, pediatric sedation and anesthesia became a particular focus of the news media. Adverse events in this age group are understandably disturbing. With the intense media focus, emotions instead of science and evidence-based medicine are being used to enact changes to anesthesia guidelines and rules both in the law, and within some professional society groups.

A review of recent data show that:

In California, a retrospective review[6] of pediatric (21 & under) anesthesia deaths from 1/1/2010 – 12/31/2015, with no reliable estimate of the number of patients treated, showed nine documented deaths broken out as follows: three involved office sedation/anesthesia (one of these was in an OMS office [Caleb Sears]), three occurred in hospital, and three involved local

anesthesia or local plus nitrous oxide/oxygen. Of the three cases that involved office sedation or anesthesia, two involved the use of oral conscious sedation and one involved the use of general anesthesia (Caleb Sears).

Data presented to the California state legislature in 2016 from the OMS National Insurance Company (OMSNIC), which provides malpractice coverage for about 300 (about 50%) of OMSs in California, has shown that there were no mortalities reported over an 11-year period (2005-2015) preceding the SB 501 deliberations.

In Texas[7], a recent review of "major events" (mortality or permanent morbidity) and "mishaps" (no permanent morbidity) in cases investigated by the state dental board between 2011 and 2016 found six cases (five deaths, one brain damage).These cases were broken out as: two adults (both medically compromised) and four children (three were healthy; one had cardiac disease). None of these were OMS cases, and four of them involved a "second" anesthesia provider (of which two were physician anesthesiologists and one was a dentist anesthesiologist).

Any revisions related to the anesthetic care of the dental patient should be made only with the expertise and clinical knowledge base of the OMS community.

The reports from Texas and California support that complications occur for all types of providers and staffing models. It is generally accepted that most complications during anesthesia are due to airway issues and failures of recognition and appropriate well-rehearsed response to emergencies. This is why AAOMS has stressed a team model, including DAANCE for assistants, emergency airway management simulation training for providers and office-based crisis management for the entire anesthesia team.

Repeatedly, retrospective and prospective studies, individual case studies, surveys and closed claims reports have shown very low morbidity and mortality rates for OMS anesthesia delivery. In a 2003 prospective cohort study of more than 34,000 patients, Perrott[8] et al., reported an overall complication rate of 1.3% for office-based ambulatory anesthesia by the OMS anesthesia team model. Most complications were minor and self-limiting, and no complications resulted in long-term adverse sequelae. There were no deaths reported in this study of more than 34,000 patients.

These data are not surprising. The typical office-based anesthetic involves less depth of anesthetic; the surgeries tend to be more minor and shorter in length, and they are interruptible; and the patients are relatively healthy individuals. Multiple academic papers published in peer-reviewed scientific journals attest to this safety record.

A critical examination of the citations included in the Joint Statement reveal that seven of the 19 corresponding references refer to position papers. Two of the references are essentially opinion pieces. One reference is the AAOMS web page describing the DAANCE program and seven of the references are either case reports or articles from media sources describing unfortunate outcomes. Only two of the references present what could be considered analysis of some primary data. One of those references (Lee et al., 2013[9]) looks at 42 pediatric deaths associated with patients undergoing sedation or general anesthesia for dental procedures. Of those 42 cases, the anesthesia provider was determined to be a general dentist or pediatric dentist in 25, an oral and maxillofacial surgeon in eight, and an anesthesiologist in seven (in two cases, the anesthesia provider could not be determined). Of note, the data presented show similar results whether an oral and maxillofacial surgeon or an anesthesiologist was the anesthesia provider. It is safe to assume the oral and maxillofacial surgeon was likely practicing using the OMS anesthesia team model and the anesthesiologist was likely an additional provider. In fact, the greatest number of mortalities was associated with general dentists and pediatric dentists, who receive less extensive training in medical assessment and emergency management than that of an oral and maxillofacial surgeon or anesthesiologist.

The authors of the 2019 AAP/AAPD Guidelines intend for the document to direct the use of pediatric procedural sedation in all settings; however, it is important to recognize that all specialty organizations in medicine and dentistry produce such guidelines for their own members. As per their own disclaimer, the report "does not indicate an exclusive course of treatment or serve as a standard of medical/dental care. Variations, taking into account individual circumstances, may be appropriate." For example, the use of procedural sedation administered by the operating physician for painful procedures is common in Emergency Medicine as well as in Gastroenterology and Interventional Radiology. The American College of Emergency Physicians (ACEP) guidelines for the clinical practice of procedural sedation define an anesthesia team that differs significantly from the AAP/AAPD Guidelines and, in turn, differs from the Parameters of Care: AAOMS Clinical Practice Guidelines for Oral and Maxillofacial Surgery. Each medical or surgical specialty should craft its own guidelines as it is ultimately the

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most knowledgeable of the unique resources and personnel required to provide effective and safe patient care.

AAOMS contends that any new overly restrictive guidelines based on hyperbole, opinion, fueled by emotion, and without scientific and statistically valid support will do significant harm by 1) reducing access to care, 2) by increasing costs, 3) by limiting care availability to at-risk populations and 4) by likely increasing the demand on already-overburdened hospital emergency room resources. Any changes should only be proposed when there is supporting scientific evidence and all of these intended or unintended consequences are considered.

AAOMS is dedicated to a culture of anesthesia safety and has had anesthesia safety as a core value through its entire existence.

AAOMS is dedicated to a culture of anesthesia safety and has had anesthesia safety as a core value through its entire existence. Dentistry as a whole is encouraged to recognize the expertise of oral and maxillofacial surgeons and join AAOMS in the pursuit of an ever-improving patient safety experience, working in unity to effect ongoing change to improve safety through quality initiatives based on measures that are evidence-based and validated. In addition, state dental boards and all stakeholders in the delivery of office-based anesthesia should be reminded of the OMS safety record, including that many thousands of moderate/deep sedations and general anesthetics are safely provided annually by this group.

The AAOMS Board of Trustees and all AAOMS members – today and always – remain committed to providing the highest levels of safe, quality and cost-effective patient care. ■

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Reaching even more prospective patients

Informational Campaign promotes OMS expertise

Almost one-third of consumers in 2019 saw or heard an advertisement or promotion about consulting an OMS – the highest total since 2015, when AAOMS began tracking the reach of its national Informational Campaign.

The ever-increasing effectiveness of the campaign – and its importance to the future of the specialty – prompted the AAOMS House of Delegates in September to overwhelmingly support a three-year extension of the special assessment.

"Our Informational Campaign is more important than ever," said AAOMS President Victor L. Nannini, DDS, FACS. "Our cost-effective strategies to promote our training and expertise reach not only prospective patients but also legislators, other healthcare providers, dental students and dental professionals."

Campaign strategies focus on a combination of digital marketing (including a WebMD microsite), TV and radio public service announcements, videos, social media and search engine optimization to explain the experience, training and expertise of OMSs to the public. All drive traffic to the newly redesigned MyOMS.org, where prospective patients are encouraged to find a surgeon in their area.

The 2019 national survey revealed 31 percent of consumers had seen or heard OMS advertising or promotions – up from 25 percent in 2018, 14 percent in 2017 and 7 percent in 2016. The seventh annual survey measured the reach (awareness), frequency (recall) and overall effectiveness of the Informational Campaign.

Among key results:

- After seeing these advertisements or promotions, 65 percent of consumers said they are more likely to choose an OMS and 21 percent visited MyOMS.org.
- Of MyOMS.org visitors, 70 percent used the Find a Surgeon service that connects prospective patients with AAOMS members.
- About 70 percent of consumers rated the ads and promotions as extremely or very believable – up from 59 percent in 2018.

Consumers indicated they had seen or heard the advertising or promotions on TV, radio, online (e.g., social media, MyOMS.org, WebMD, YouTube, search results) and in print.

"With approximately one in three consumers touched by these communications, AAOMS is seeing a substantial return-on-investment from our Informational Campaign efforts," Dr. Nannini said. "We're thankful for the continued special assessment funding provided by our members to continue strengthening awareness of our specialty."

Consumer survey questions focusing on preferred professionals, importance of AAOMS membership and decision-making factors (both to pursue or delay treatment) were asked for a third year of the three audiences: baby boomers for dental implants; mothers of teens for third molars; and young adults for third molars.

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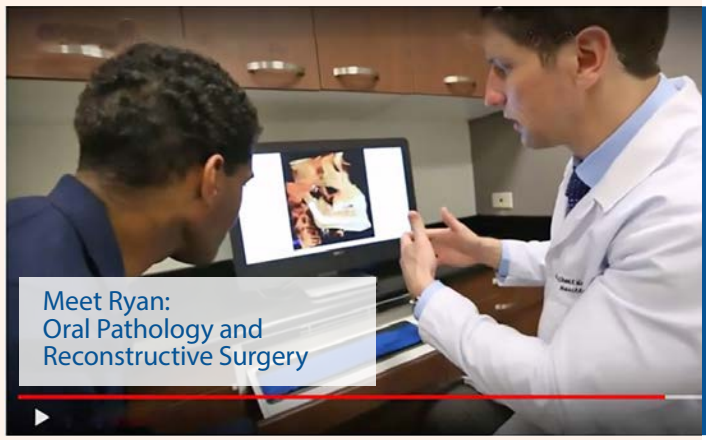


Patient testimonial videos feature interviews with patients and their OMS.

Baby boomers regarding dental implants

Almost 70 percent of baby boomers are extremely or very familiar with dental implants – up 10 percentage points from 2018. Some 44 percent of respondents said they are extremely or very likely to pursue dental implants in the next six months (up from about 33 percent in 2018). Follow-up questions included:

Q *If you were making the decision today,* ***which dental professional would you be most likely to choose*** *for a dental implant procedure?*

- **OMS: 61%** (up from 55% in 2017)
- Your general dentist: 17%
- Periodontist: 11%
- Endodontist: 4%
- Another dental specialist: 6%

Q *What are the three most important factors influencing your* ***choice of which professional*** *would perform the procedure? (Twelve choices provided; asked to rank their top three.)*

- The professional was referred to you by another medical or dental professional: 50%
- The professional has the education and training to perform the procedure: 44%
- You have a pre-existing relationship with the professional performing the procedure: 41%

61 percent of baby boomers said they would most likely choose an OMS for a dental implant procedure.

Q *How important would it be for you to know the surgeon you choose is an* ***AAOMS member****?*

- Extremely or very important: 84% (83% in 2018 and 2017)

Q *What are the three most important factors influencing your* ***decision to likely pursue dental implants*** *in the next six months? (Thirteen choices provided; asked to rank their top three.)*

"With approximately one in three consumers touched by these communications, AAOMS is seeing a substantial return-on-investment from our Informational Campaign efforts."

– Dr. Victor L. Nannini, AAOMS President

- You want to get this treatment instead of a bridge or dentures: 29%
- You received a diagnosis or recommendation from a medical or dental professional: 24%
- They will improve your smile (cosmetic improvement): 21%

Q *What are the three most important factors influencing your* ***hesitation to pursue dental implants*** *in the next six months? (Ten choices provided; asked to rank their top three.)*

- The total out-of-pocket costs of the procedure are too expensive at this time: 41%
- The procedure is not covered by your insurance: 32%
- They are not medically necessary: 18%

Mothers of teens regarding third molars

There were significant increases in 2019 in the percentage of mothers of teens who said they were:

- Extremely familiar with the procedure for wisdom tooth removal (41% in 2019 vs. 32% in 2018).
- Extremely or very likely to pursue the procedure for their child(ren) in the next six months (47% in 2019 vs. 32% in 2018).

Follow-up questions included:

Q *If you were making the decision today,* ***which dental professional would you be most likely to choose*** *for your child(ren)'s wisdom tooth removal?*

- **OMS: 73%** (down slightly from 75% in 2017)
- Your general dentist: 7%

- Your child's general or pediatric dentist: 10%
- Periodontist: 3%
- Endodontist: 1%
- Another dental specialist: 2%

Q *What are the three most important factors influencing your **choice of which professional** would perform the procedure? (Fourteen choices provided; asked to rank their top three.)*

- The professional is referred to you by your/your child(ren)'s general or pediatric dentist: 67%
- The professional is in-network on your insurance coverage: 50%
- You have a pre-existing relationship with the professional performing the procedure: 39%

Q *How important would it be for you to know the surgeon you choose is an **AAOMS member**?*

- Extremely or very important: 80% (80% in 2018; 71% in 2017)

Q *What are the three most important factors influencing your **decision to likely pursue the procedure** for your child(ren) in the next six months? (Eleven choices provided; asked to rank their top three.)*

- The procedure is medically necessary (wisdom teeth are painful/problematic): 34%
- You received a diagnosis or recommendation from your/your child(ren)'s general or pediatric dentist: 32%
- You were told by your child(ren)'s orthodontist they should be removed to aid in the teeth straightening process: 24%

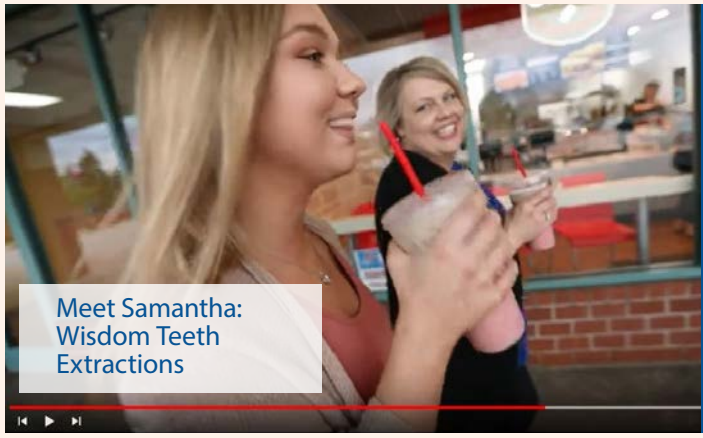
Q *What are the three most important factors influencing your **hesitation to pursue treatment** for your child(ren) in the next six months? (Ten choices provided; asked to rank their top three.)*

- You have not received a diagnosis or recommendation from your/your child's general/pediatric dentist: 34%
- The procedure is not medically necessary (wisdom teeth are not painful/problematic): 33%
- The timing is not convenient with your family/child's schedule: 22%

Young adults regarding third molars

Similar to mothers of teens, significant increases were found in 2019 in the percentage of young adults who said they were:

- Extremely familiar with the procedure for wisdom tooth removal (44% in 2019 vs. 36% in 2018).
- Extremely or very likely to pursue the procedure in the next six months (36% in 2019 vs. 25% in 2018).



Patient testimonial videos are displayed on MyOMS.org, YouTube and social media.

Follow-up questions included:

Q *If you were making the decision today, **which dental professional would you be most likely to choose** for your wisdom tooth removal?*

- **OMS: 76%** (down slightly from 77% in 2017)
- Your general or pediatric dentist: 15%
- Endodontist: 2%
- Periodontist: 1%
- Another dental specialist: 4%

Q *What are the three most important factors influencing your **choice of which professional** would perform the procedure? (Fourteen choices provided; asked to rank their top three.)*

- The professional is referred to you by your general or pediatric dentist: 54%
- The professional is in-network on your/your family's insurance coverage: 47%

continued on next page

- You have a pre-existing relationship with the professional performing the procedure: 35%

Q *How important would it be for you to know the surgeon you choose is an **AAOMS member**?*

- Extremely or very important: 59% (56% in 2018 and 2017)

Q *What are the three most important factors influencing your **decision to likely pursue the procedure** in the next six months? (Eleven choices provided; asked to rank their top three.)*

- The procedure is medically necessary (wisdom teeth are painful/problematic): 28%
- You received a diagnosis or recommendation from your general or pediatric dentist: 22%
- You want to get them taken out now to prevent problems later on: 16%

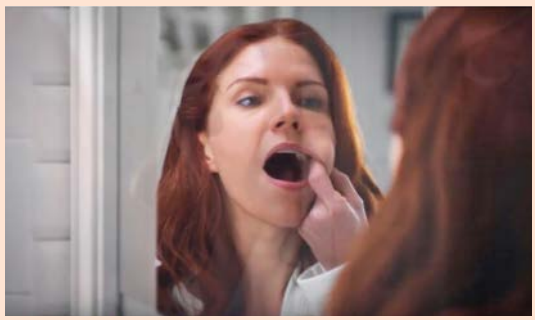
73 percent of mothers of teens would be most likely to choose an OMS for their child(ren)'s wisdom tooth removal.

Q *What are the three most important factors influencing your **hesitation to pursue treatment** in the next six months? (Ten choices provided; asked to rank their top three.)*

- The procedure is not medically necessary (wisdom teeth are not painful/problematic): 36%
- The total out-of-pocket cost of the procedure is too expensive at this time: 28%
- You have not received a diagnosis or recommendation from your general or pediatric dentist: 26%

"We know our Informational Campaign is making a difference when a majority of all three respondent groups of prospective patients again say they would be most likely to choose an oral and maxillofacial surgeon for their dental implants and third molar removal," Dr. Nannini said. "It's also interesting to see the survey results show the public recognizes the importance of AAOMS membership."

The survey results will guide Informational Campaign decisions in 2020 in terms of targeted audiences and messages as well as ad/web copy development. ■



1 in 3 aware of oral cancer/HPV link

About one in three adults were aware of the link between HPV and oral cancer in the 2019 AAOMS consumer survey – a percentage unchanged from the two previous years. Awareness did increase in the baby boomer segment, with nearly 60 percent of all respondents recently seeing or reading information about the linkage.

Regarding oral cancer self-exams, about one in three again said they know how to conduct an oral self-examination. The percentage of young adult respondents who know how to conduct an oral cancer self-exam has increased over the past four years (36% in 2019 compared to 25% in 2016).

When asked which healthcare professional they would see if they found an unusual sore or lesion during an oral self-exam, 19% of consumers chose an OMS – up slightly from 16% in 2018 and 2017.

Patient pamphlets and guides reinforce the OMS message

AAOMS's patient pamphlets and guides are designed to help educate patients, showcase the breadth of the OMS specialty and reinforce the message that OMSs are the experts in face, mouth and jaw surgery. These educational brochures offer patient-friendly descriptions and high-impact images.

Patient Information Pamphlets are ideal for waiting rooms, referrals and community presentations and present the following topics:

- Anesthesia*
- Corrective Jaw Surgery
- Dental Implant Surgery*
- Facial Cosmetic Surgery
- MRONJ
- Nutrition
- Obstructive Sleep Apnea
- The Oral and Maxillofacial Surgeon
- Oral, Head and Neck Cancer*
- TMJ Treatment and Surgery
- Treatment of Facial Injury*
- Wisdom Teeth Management*

  **available in Spanish*

Patient Education Guides offer expanded content and illustrations fitting for consultations and cover:

- Corrective Jaw Surgery
- Dental Implant Surgery
- Facial Cosmetic Surgery
- TMJ Treatment and Surgery
- Wisdom Teeth Management

All brochures provide space for imprinting, making these an ideal marketing piece for the OMS practice. Offered at $50 per pack for pamphlets (100 in a pack) or guides (25 in a pack), AAOMS continues to provide members with high-quality patient education materials at competitive pricing.

These products and more can be found at AAOMSstore.com.

AAOMS pamphlets and guides help educate patients about procedures and OMSs' expertise.

AAOMS campaign making a difference with

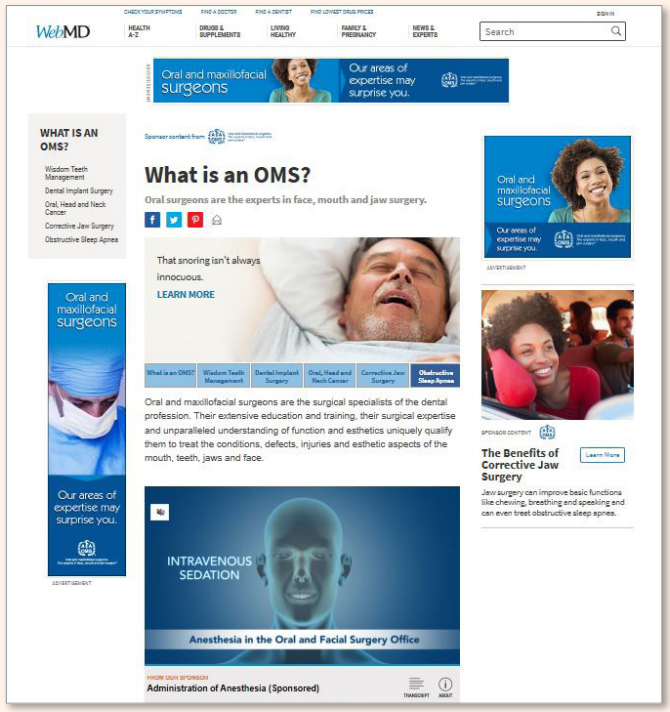
The AAOMS Informational Campaign includes a variety of methods to reach as many prospective patients as possible using the most cost-effective methods to spread the word about the training and expertise of oral and maxillofacial surgeons. Among the strategies creating the largest impact on the campaign in 2019:

Digital marketing – A combination of Google Ads, Yahoo/Bing ads, YouTube pre-roll videos and national display networks in 2019 generated the most impressions (or ad views) of the campaign to date: more than 116 million. That impressions tally bests the 2018 total of 100 million and 2017 total of 68 million. Prospective patients are encouraged to click on these digital ads. The ads are connected to MyOMS.org, which offers information on various OMS treatments and the Find a Surgeon service.

Search engine optimization – With MyOMS.org generating about 61,000 page views per month in 2019, AAOMS focused on enhancing and expanding the content available on the website. With the new pages, search engine optimization (SEO) is improving and pages are appearing sometimes on the first page of Google search results. The new design of MyOMS.org – see story on page 22 – is expected to increase SEO even further. Among new web content are pages with expanded information on "What is an OMS," anesthesia, wisdom teeth, dental implant surgery and extractions.

WebMD – AAOMS's five-page microsite on the popular health and wellness website continues to drive referral traffic to MyOMS.org. The OMS-specific content includes a "What is an OMS?" overview page (WebMD.com/OMS) and condition/treatment pages focusing on third molars, dental implants, obstructive sleep apnea as well as oral, head and neck cancer. In the first six months of 2019, AAOMS digital ads generated 7.2 million impressions on other relevant WebMD pages and more than 560,000 impressions on social media.

Public service announcements – The TV PSAs focusing on 1) how to perform an oral cancer self-exam, 2) the connection between HPV and oral cancer, 3) wisdom teeth and 4) obstructive sleep apnea have reached a broadcast audience of 846 million with an equivalent ad value of $21 million. Two radio PSAs distributed in spring 2018 reached more than 2.8 billion potential listeners with a $1.8 million ad value in just over a year. Airport signs focusing on wisdom teeth management were distributed in fall 2018 and generated 6.5 million impressions with an ad value of $208,000 in one year.



The Informational Campaign uses several communication avenues, including posters and WebMD.

educating the public about OMS treatment

■ **Videos** – Patient testimonial videos are being displayed on MyOMS.org, YouTube and social media. The videos featuring interviews with patients and their OMS – covering wisdom teeth, dental implants, corrective jaw surgery, TMJ surgery, expose-and-bond as well as oral pathology and reconstructive surgery.

The new patient videos are among 50 videos available for members to download at no cost and use on their practice websites or in social media. (See story below.)

■ **Infographics** – Available in both English and Spanish, 18 infographics visually showcase the scope of oral and maxillofacial surgery to the public on MyOMS.org and social media. Members are encouraged to download (at AAOMS.org/InfoCampaign) and use these infographics across multiple channels – including practice websites and social media platforms, such as Pinterest, Facebook, Instagram and Twitter. ■

Videos available for members to use on their websites and social media accounts

All the AAOMS-produced educational, promotional and public service videos are available for members to download at no cost and use on their practice websites or in social media.

All videos can be downloaded from AAOMS.org/InfoCampaign (choose Videos). The digital library includes:

Patient testimonial videos

- Meet Samantha: Wisdom Teeth (three versions)
- Meet Newton: Dental Implants (three versions)
- Meet Kyle: Expose-and-Bond (three versions)
- Meet Brenna: Corrective Jaw Surgery (three versions)
- Meet Ryan: Oral Pathology and Reconstructive Surgery (three versions)
- Meet Bill: TMJ Disorder (three versions)

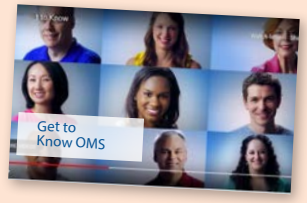
Animated explainer videos

- Dental Implants (five versions)
- Wisdom Teeth: Pain or No Pain (four versions)
- What is an OMS? (five versions)

Awareness month videos

- Oral Cancer Awareness Month
- National Facial Protection Month

Promotional videos



- Administration of Anesthesia
- Corrective Jaw Surgery
- Dental Implant Surgery
- Get to Know OMS
- Oral, Head and Neck Cancer
- What is an OMS?
- Wisdom Teeth Management

Public Service Announcement videos

- Are you at risk for oral cancer? Learn the facts. (HPV link)
- Are you at risk for oral cancer? Learn to perform a self-exam.
- Obstructive sleep apnea is a serious and life-threatening condition.

Educational videos

- Anesthesia: Safety and Comfort in the OMS Office
- Having Frenectomy Surgery
- Having Impacted Canine Surgery
- Having Orthognathic Surgery
- Having Third Molar Surgery
- Temporary Anchorage Devices

Dental hygienists provide implant and extraction data through survey results

AAOMS also annually surveys dental hygienists to track any changes in perceptions benchmarked against the 2013 baseline measure as well as subsequent surveys. The 2019 survey examined:

- Familiarity with procedures (specifically dental implants and third molar extractions).
- Sources of information on procedures typically conducted by OMSs.
- Awareness of the specialty and specifically the roles and procedures performed by OMSs.
- Awareness of the range of procedures conducted by OMSs.

For the third year in a row, a significantly higher percentage of respondents have seen or heard advertising or promotion of oral and maxillofacial surgery – 68 percent in 2019 (57 percent in 2018, 38 percent in 2017, 18 percent in 2016).

Members can download a series of advertisements to promote their practice to other dental professionals and potential patients.

In terms of the profession and the procedures performed, nine out of 10 hygienists are at least "somewhat familiar" with oral and maxillofacial surgeons. Most hygienists (58 percent) more closely associate OMSs with dentists than medical doctors.

The survey also included detailed questions on specific topics:

Dental implants – A significantly lower percentage of hygienists report their practices handling no cases in-house (13 percent in 2019 vs. 32 percent in 2017). However, the percentage of those who handle all or most of their dental implant procedures in-house went up (61 percent in 2019 vs. 55 percent in 2017). Other key findings:

- For those who work in offices that handle at least some cases in-house, 34 percent are performed by an OMS and 42 percent are performed by a general dentist.
- For those who refer out at least some of their cases, 49 percent refer to OMSs.

Third molars – The survey found another significant increase in the percentage of dental offices handling all or most third molar extraction cases in-house (57 percent in 2019, 50 percent in 2018 and 43 percent in 2017). Other key findings:

- For those who handle at least some in-house, 55 percent are performed by a general dentist. A significant increase occurred in the percentage of in-house periodontists (28 percent in 2019 vs. 6 percent in 2018) handling third molar extractions.
- For those who refer out all cases, 64 percent go to an OMS.
- Hygienists are more familiar (75 percent) with the discussion of asymptomatic removal than the previous year (71 percent).

Oral cancer/HPV link – Fewer hygienists (55 percent) had seen or read any information about the link between oral cancer and HPV compared to previous years. Also, a lower percentage of hygienists are personally performing screenings in their practice (44 percent in 2019 vs. 62 percent in 2017). When referred out, 35 percent of patients are being sent to an OMS (vs. 68 percent in 2018). ■

AAOMS campaign wins national awards for infographics, PSAs and videos

The AAOMS Informational Campaign continues to receive recognition in national awards contests for informing the public about the expertise of OMSs.

Awards for 2019 include:

Aster Awards

Sponsored by *Marketing Healthcare Today* magazine and parent company Creative Images to honor healthcare advertising, marketing and communications:

- Gold Award: AAOMS Informational Campaign infographics series
- Gold Award: AAOMS Patient Education cancer infographics
- Silver Award: AAOMS radio PSA addressing wisdom teeth

AVA Digital Awards

Sponsored by the Association of Marketing and Communication Professionals to honor digital arts, technology and information:

- Platinum Award: Short-form Web Video: AAOMS Patient Video Series: Corrective Jaw Surgery
- Gold Award: Digital Video Creation: Animation: AAOMS Explainer Video Series: What is an OMS?

Cancer Awareness Advertising Awards

Sponsored by *Marketing Healthcare Today* magazine and parent company Creative Images to honor programs designed specifically for cancer-related products and services:

- Gold Award: WebMD oral, head and neck cancer microsite
- Silver Award: Radio PSA addressing oral cancer's connection to HPV

Hermes Creative Awards

Sponsored by the Association of Marketing and Communication Professionals to honor traditional and emerging media:

- Platinum Award: AAOMS wisdom teeth infographic
- Gold Award: AAOMS dental implant infographic
- Gold Awards (medical, nonprofit and YouTube categories): Corrective jaw surgery patient testimonial video

MarCom Awards

Sponsored by the Association of Marketing and Communication Professionals to honor excellence in marketing and communications.

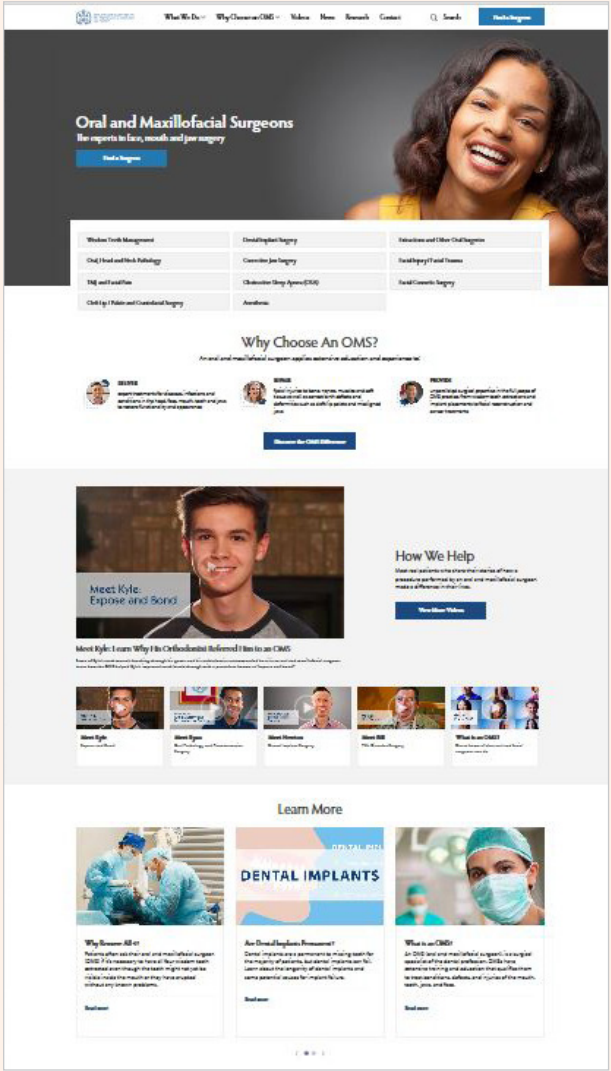
- Platinum Awards (Billboard and Mixed Reality Digital Video categories): Oral cancer self-exam video
- Platinum Award: Wisdom tooth management billboard
- Gold Awards (Billboard and Motion Graphic Video categories): Dental implants video
- Gold Award: Dental implants patient testimonial video
- Gold Award: Wisdom tooth management motion graphic video

New MyOMS.org website showcases specialty,

The 61,000 prospective patients who visit MyOMS.org each month are seeing an updated look, new content, more videos and added functionality as part of a site redesign launched in late 2019.

As the Association's public-facing website and a main component of the AAOMS Informational Campaign, MyOMS.org helps educate the public about OMSs and the specialty.

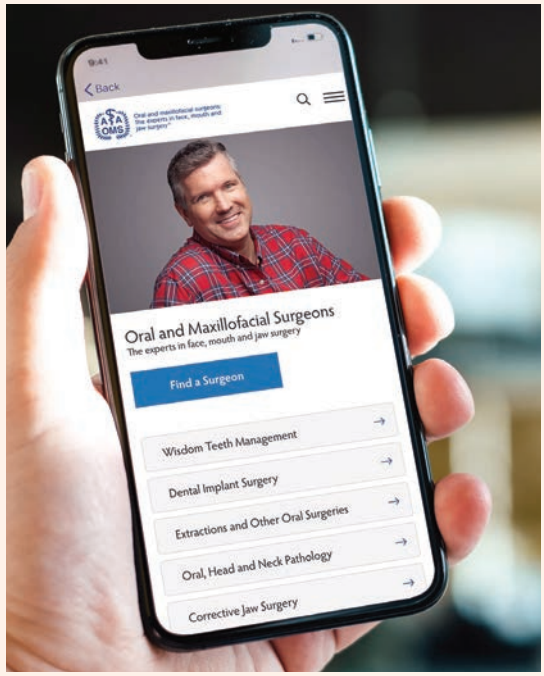
"This site showcases our specialty, offers the public a reliable source for accurate information and provides prospective patients with a searchable database of OMSs in their area," said AAOMS President Victor L. Nannini, DDS, FACS. "As a growing percentage of the public uses the internet for healthcare research, it is important for AAOMS to stay up-to-date on the ever-evolving best practices and industry trends."



Visitors to the newly designed MyOMS.org can:

- **Learn about OMS expertise** – The new home page includes two sections dedicated to educating the public about OMSs. The Why Choose an OMS? segment helps visitors gain an understanding of the extensive education and expertise of an OMS. The "How We Help" section features real patient testimonial stories.

- **Experience a mobile-friendly design** – The website now works seamlessly for both mobile/tablet and desktop users. When MyOMS.org first launched, desktop users made up 65 percent of all visitors. Today, smartphones make up 70 percent of all MyOMS.org traffic with tablets at 10 percent and desktop/laptops at 20 percent.



The MyOMS.org website underwent a redesign to improve its function and appearance.

driving patients to member practices

■ **Explore new content** – In the last year, 25-plus new pages of content have been added. These pages were crafted with search engines in mind, featuring relevant keywords, titles based on search terms and back-end website optimization.

These pages also have been given greater prominence on the redesigned site. Found in a left-hand column, these pages are "above the fold" of the website – making it easier for visitors to locate additional content about a procedure or condition.

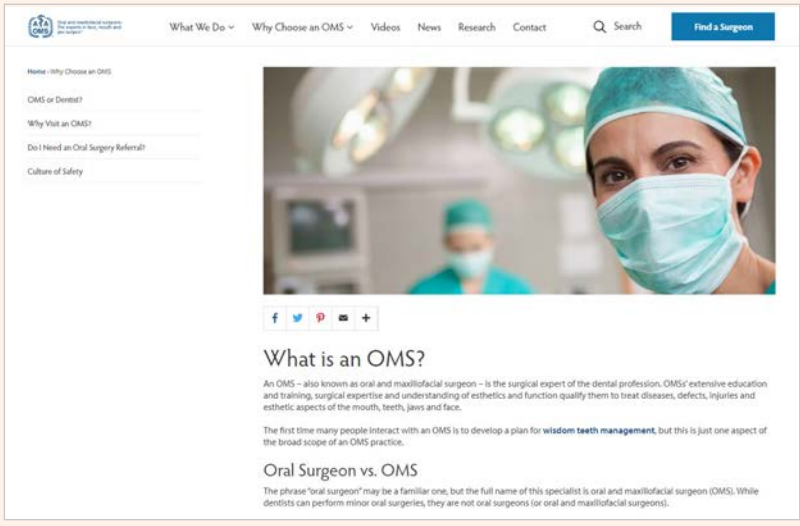
■ **Access Find-a-Surgeon on each page** – Each page now more prominently features the Find-a-Surgeon "call to action" that encourages visitors to find an OMS in their area. Each month, nearly 5,000 prospective patients use the Find-a-Surgeon feature function with the displayed results directly tied to the AAOMS member profile database. (Members are encouraged to log in to the Member Center at AAOMS.org and verify their practice information is up-to-date and accurate.)

■ **Discover entire scope of practice** – Showcasing the vast knowledge of OMSs is an important part of the Informational Campaign. The home page provides visitors an "at-a-glance" look at the full scope of OMS practice.

> *Thousands have used the site to find an OMS, and it benefits all members because it raises recognition of our specialty.*
>
> *– Dr. Victor L. Nannini, AAOMS President*

■ **Share and save content** – Visitors can share content from specific pages on MyOMS.org through their social media accounts, helping the site reach more prospective patients.

■ **View campaign videos** – Videos are prominently featured on the newly designed home page and throughout the rest of the site. (Members can download and use any of the 50-plus videos created as part of the campaign by visiting AAOMS.org/InfoCampaign.)



"The value of the MyOMS.org website cannot be stressed enough," Dr. Nannini said. "Thousands have used the site to find an OMS, and it benefits all members because it raises recognition of our specialty."

Members are invited to download the MyOMS.org website graphic (available at AAOMS.org/InfoCampaign) to feature their AAOMS membership and link to MyOMS.org. ■

Surgeons and their restorative teams learn about

Every year, the Dental Implant Conference serves the entire restorative team – including OMSs, staff and referring dentists – creating a unifying learning experience.

General dentists, prosthodontists and periodontists joined their OMS colleagues for two full days of general sessions and an exhibition of the latest dental implant products and services in December in Chicago, Ill.

"I like how it's not just for surgeons," said AAOMS Fellow Jonathan R. Gray, DDS, from Fargo, N.D. "As a surgeon, I need to understand what's going on with the prosthodontics side of this because that means hopefully I'll make better decisions as a surgeon. By combining it like they do, I get that. We've got prosthodontist presenters. We've got surgeon presenters. That's been really helpful for my efforts."

Dr. Gray attended with a group of nine general dentists from the Grand Forks, N.D., area.

"It's been really nice for us as a team, and we get more confidence in each other," Dr. Gray said.

General dentist Bryce A. Bray, DDS, from Thief River Falls, Minn., added: "We've networked so well. That's the big thing that I appreciate."

More than 1,000 AAOMS members, dental professionals, residents, office assistants and other guests gathered for the conference that presented four general session themes: Reconstruction of Hard- and Soft-tissue Defects in the Anterior Maxilla, Material and Restorative Methods for Reconstruction of Hard- and Soft-tissue Defects, Case Discussions and Experience in the Trenches. Keynote sessions explored Robotic Surgery in the Head and Neck as well as Materials in the Digital World.

The Exhibit Hall featured more than 100 exhibitors.

"AAOMS and the ADA stand shoulder to shoulder in shared mission," ADA President Chad P. Gehani, DDS, said during the opening remarks. "Together, we assure quality patient care (via) education and evidence-based practice. Your dedication to excellence is clear your being here today. When dentists get together in the spirit of shared knowledge and continued learning, great things happen.

"This is especially true during this pivotal time in our profession. Dentistry is evolving. The workforce is more diverse. Advancement in technology and science allow us to treat the patients much more predictably. Practice models are shifting, and our patients expect nothing short of first-class care. And, of course, they should."

Dr. Gehani

During the preconference, attendees were able to learn about new techniques and technology at hands-on workshops addressing Soft-tissue Grafting and Management, Digital Scanning for the OMS and Using the Digital Scanner for 'Full-service' Implant Therapy and Hard-tissue Grafting with Intraoral Autograft.

Plenary sessions designed for OMSs and their restorative dental colleagues discussed Approaches to Augment the Narrow Ridge, Complications with Bone Grafting and How to Avoid Them and Management of Soft- and Hard-tissue Defects in the Esthetic Zone.

AAOMS Fellow Elliott Maxwell, DMD, of Myrtle Beach, S.C., attended the soft-tissue workshop that discussed technique for papillae regeneration. He is in a group practice of five OMSs.

the latest advances in implant dentistry

"We do not have a periodontist nearby to work with, so our partners usually refer these types of cases to me," Dr. Maxwell said. "I came for the pearls and to learn slight modification in technique."

AAOMS Fellows Chris McAboy, DDS, of Pewaukee, Wis., and Les Hunter, DDS, of Columbia, Tenn., participated in the workshop about digital scanning that reviewed benefits and limitations of iOS systems, clinical procedures associated with iOS and the use of multiple digital workflows. Attendees also learned about the potential of combining iOS and CBCT technology to create virtual treatment plans and printing surgical guides.

"It was new to me because I'm not yet very digital," Dr. Hunter said. "It's the reason I came."

Dr. McAboy and his partner take turns attending the conference every year.

"I always leave learning something I try in my practice," Dr. McAboy said. "It gives me the majority of my CE for the two-year cycle, keeps you current." ■

Recorded sessions available

Recordings of select educational sessions from the Dental Implant Conference are available for purchase at AAOMS.org/Recordings.

From top: The Dental Implant Conference featured the Anesthesia Assistants Skills Lab, a faculty of experts, hands-on workshops, plenary sessions and the exhibition.

Digital workforce to be the central focus in

The theme of The Digital Workforce: Improving Efficiency and Safety for our Patients sets the foundation for advancement at the 2020 AAOMS Annual Meeting being held Oct. 5 to 10 in San Antonio, Texas.

Patient care and safety will direct the comprehensive educational program complete with 10 clinical tracks covering the OMS scope of practice, more than 20 Master Classes, four team-based sessions and multiple hands-on courses.

All OMS practitioners, faculty, residents and professional allied staff are invited to mark their calendars for the 102nd Annual Meeting. Attendees will be provided with numerous opportunities to earn continuing education credits for a variety of clinical and practice management interests.

Held in conjunction with IAOMS, the AAOMS Annual Meeting is expected to be the largest gathering of oral and maxillofacial surgeons in the world.

Clinical education distributed into tracks

Ten clinical tracks bolster the meeting's clinical education program. Topics will cover anesthesia, orthognathic surgery, cleft and pediatric surgery, dental implants, dentoalveolar surgery, cosmetic surgery, head and neck oncology and pathology, reconstruction (nerve), TMJ and trauma management.

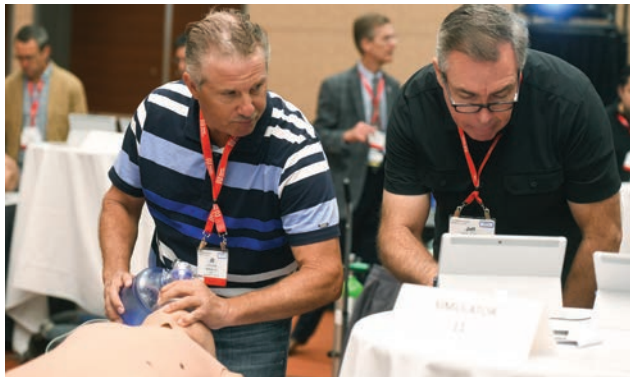
For each track, expert speakers will lead attendees through the latest research during a high-level plenary session, which will split off into breakout sessions. In each track, one breakout is reserved for IAOMS, and one is dedicated to Research and Innovation. These interactive breakouts will allow for greater discussion among participants and peer-to-peer learning.

The popular preconference **Anesthesia Update** on Oct. 7 will provide insight into the OMS's role in caring for patients with mental health illnesses and anesthetic considerations. The program also will address the impact of burnout and depression in surgeons.

Several **hands-on courses** will be offered, including cadaveric workshops, Advanced Cardiac Life Support (ACLS) and Pediatric Advanced Life Support (PALS). Multiple sessions of the AAOMS National Simulation Program module, Basic Emergency Airway Management (BEAM), will be offered.

The annual **Chalmers J. Lyons Memorial Lecture** will discuss management of the pregnant oral surgery patient.

Up from 17 offerings last year, 21 **Master Classes** will explore topics such as infection, trauma, implants and cosmetic and dentoalveolar surgery.



From top: The Annual Meeting will feature a course from the National Simulation Program and coding courses.

Applications due for posters, abstracts

Applications will be accepted through March 8 for presenting posters and oral abstracts at the 2020 AAOMS Annual Meeting.

Submissions will be accepted for various topics, including anesthesia, cleft and craniofacial surgery and dental implants.

OMS residents submitting oral abstracts are eligible to apply for AAOMS Resident Scientific Awards.

Additional information is available at AAOMS.org/Speakers.

San Antonio

Four **team-based sessions** will review the team's role in an anesthetic emergency, management of TMJ disease as well as recordkeeping and risk management for OMS practices.

Sessions to focus on practice management

Rounding out the educational curriculum are an array of practice management courses that address the day-to-day operations of the OMS practice:

- **Anesthesia Assistants Skills Lab** – The four-hour AASL offered on Oct. 8 and 9 will provide OMS assistants with hands-on clinical training to aid OMSs with anesthesia administration. Participants will rotate through multiple stations that include airway management, intubation, venipuncture, defibrillation, preparation of emergency drugs and the crash cart.
- **Beyond the Basics Coding Workshop** – All OMSs and their coding staff are encouraged to attend the Oct. 7-8 workshop, which allows for greater engagement on the topic of coding and billing to teach OMSs how to more efficiently run their practices. New this year, the Beyond the Basics Coding Workshop will be a ticketed course added to an attendee's general registration fee, lowering the cost for those who attend both the workshop and Annual Meeting.

For more details about the Annual Meeting, visit AAOMS.org/SanAntonio.

Registration opens soon

Registration opens this spring. More information about the 102nd AAOMS Annual Meeting will appear in *AAOMS Today*, member e-communications and at AAOMS.org/SanAntonio. ■

102nd AAOMS Annual Meeting

The Digital Workforce: Improving Efficiency and Safety for our Patients

When: Oct. 5 to 10

Where: San Antonio, Texas

Registration: Opens in mid-March. Additional information will be available in email announcements and at AAOMS.org/SanAntonio.

Housing: Housing opens soon. Information can be found at AAOMS.org/AMhousing.

Discounts: Early-bird discounts are available.

- AAOMS members and fellows save $200 if they register by July 1.
- Allied staff are eligible for a $100 discount if they register by July 1.
- Retired fellows and members receive a reduced registration rate.

AAOMS.org/SanAntonio

President's Event on the River Walk

AAOMS President Dr. Victor L. Nannini and his wife, Kathy, will be celebrated at the annual AAOMS President's Event, the meeting's main social event, on Oct. 9 at the River Walk along the San Antonio River. This event will feature live music, food and entertainment.

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Chief emeritus reflects on his distinguished career

AAOMS Today *is publishing a series of interviews with OMS experts who share their background, reflections on their accomplishments and advice for future surgeons. This is the first article.*

Leonard B. Kaban, DMD, MD, FACS

Leonard B. Kaban, DMD, MD, FACS – chief emeritus of OMS at Massachusetts General Hospital (MGH) and Walter C. Guralnick Distinguished Professor of OMS at Harvard School of Dental Medicine – is recognized for introducing pediatric oral and maxillofacial surgery as an area of special interest. He was one of the early advocates for treating hemifacial microsomia in growing children, developing protocols and modifying classification systems for the deformity.

In addition, Dr. Kaban was the first to report the successful treatment of a solid maxillofacial bone tumor with adjuvant interferon therapy, and he developed a widely accepted protocol for the surgical treatment of TMJ ankylosis. His more than 360 scientific publications include the textbook, Pediatric Oral and Maxillofacial Surgery, and he received the AAOMS Clinical Research Award in 2017, the Donald B. Osbon Award for an Outstanding Educator in 2004 and the Research Recognition Award in 1992. He also was presented with the Norman Rowe Medal and delivered the Norman Rowe address at the BAOMS and AAOMS joint meeting in 2007 in Scotland. In 2011, he received the Norton M. Ross Award for Excellence in Clinical Research from the ADA and, in 2013, he was awarded honorary fellowship in the Royal College of Surgeons in Ireland. In 2017, the Leonard B. Kaban, DMD, MD Chair in Pediatric Oral and Maxillofacial Surgery was established at Boston Children's Hospital with Dr. Bonnie Padwa as the first incumbent.

Q How did you focus on your area of expertise?

A I was lucky to have excellent mentors who directed me toward this area because they believed that children with craniofacial anomalies should be treated by clinicians dedicated specifically to these complex problems. I personally became excited about craniofacial surgery because I had the opportunity to observe Drs. Joseph Murray and Len Swanson, codirectors of the craniofacial clinic at Boston Children's Hospital, when I was a student and resident.

When I finished my training at MGH, there were no opportunities to specialize in pediatric oral and maxillofacial surgery. It was not recognized as a subspecialty. As far as I know, there were only two others who were functioning as pediatric OMSs in children's hospitals at that time: Dr. Robert Myall in Oregon and Dr. William Grau in Cincinnati.

In 1974, Dr. Walter Guralnick, MGH chief of oral surgery; Dr. Joseph Murray, chief of plastic surgery at Children's; and Dr. Lennard Swanson, chief of orthodontics at Children's; agreed I would come to Children's Hospital and work with Drs. Murray and Swanson as the maxillofacial surgeon to help develop this craniofacial center. They also hired a young MGH-trained plastic surgeon, Dr. John Mulliken.

From left: Dr. Leonard Kaban in 1974 with Dr. John Mulliken, who also joined the craniofacial center at Boston Children's Hospital.

and his many mentors along the way

No one knew how this was going to turn out. The oral surgery community was upset I was working in a unit headed by a plastic surgeon. And the plastic surgeons were upset Dr. Murray hired an oral surgeon to work in the plastic surgery division. But Drs. Murray, Guralnick and Swanson persisted, believing this multidisciplinary model was very important. Today, 45 years later, it is common to have plastic surgeons and oral surgeons working together in combined units, taking care of patients with craniofacial deformities. We now have multiple pediatric OMSs and pediatric OMS fellowship programs. Trainees will soon be able to obtain a pediatric OMS advanced training certificate. These are important advances for our specialty.

Q What interests you about pediatric oral and maxillofacial surgery?

A In pediatric oral and maxillofacial surgery, you have to consider the fourth dimension, i.e., time and growth. You are not only dealing with the anatomic problem, but you also have to take into account and understand the effects of time and growth on both the original deformity or condition and on the surgical outcomes. You must understand and plan for the potential effects of the operation on growth of the facial skeleton. Finally, you have to consider the patient's body image development and psychosocial response to the deformity and the treatment.

I've always felt the earlier you intervene for children with facial deformities, the less likely they are to experience adverse psychosocial effects. In addition, it is possible in some cases to diminish the progression and severity of the end-stage deformity.

Q It was a good challenge for you?

A Absolutely! It was challenging and stimulating to be involved with the early days of craniofacial surgery. We were developing new techniques, new protocols and helping children who otherwise would have little chance for a normal life. It was also gratifying to be part of such a talented group of colleagues all working toward the same goals.

I tried my best to take care of these kids in an organized fashion and write it down because nobody else's (practice) in the 1970s was completely devoted to children. Any time I could develop a series of children with a particular problem, I documented the findings and outcomes for publication with the goal of providing OMSs with an evidenced-based protocol.

Top, from left: Drs. Leonard Kaban, Joseph Upton, Joseph Murray and John Mulliken at the Boston Surgical Society in 2013. Bottom, from left: Junior resident Dr. Austin Be, Dr. Kaban and chief resident Dr. Ami Amini in the operating room.

Q What was a career-changing moment?

A There were multiple! The first was my pre-med/pre-dental advisor at Queens College, City University of New York, Dr. Donald Lancefield, who urged me to apply to Harvard School of Dental Medicine. He convinced me it would be a great opportunity. He guided me through the admissions process, and it was based on his advice and mentorship that I was accepted to and matriculated at Harvard School of Dental Medicine. This was a life-changer for me, as it opened up the entire world of biomedical research for me.

The second was my Harvard Dental School education leading to the opportunity to train at MGH under the tutelage of Dr. Walter Guralnick, a very forward-thinking surgeon. Against significant objections from the profession at-large, he was

continued on next page

one of the first to develop the MD oral surgery program and full-time faculty model in our specialty.

The third was accepting a position at Children's Hospital to work with Dr. Murray. He was a plastic surgeon by training, but he did the first successful human kidney transplant in 1955 and was awarded the Nobel Prize in 1990 for this work. Despite this, his first love was craniofacial surgery to which he devoted the remainder of his career. He was very organized, very attuned to the importance of research and writing in the development of an academic surgeon. He was the principal role model and mentor for the three young surgeons he recruited for the Craniofacial Center: myself and Drs. Mulliken and Joseph Upton.

The fourth was Dr. Judah Folkman, chief of surgery at Boston Children's Hospital. He discovered the role of blood vessels in the development and growth of tumors, angiogenesis and antiangiogenic therapy. He gave me space in his laboratory to get my initial research started. I was very lucky to have these mentors.

Q What helped you be successful?

A Hard work, enthusiasm and a sense of wonder about what I was doing every day. In addition, you also have to maintain some humility because no matter how good you are, there is going to come a day when you have a bad outcome. You have to be able to work through that situation and not let it overtake you.

It is also helpful and wonderful to have a wife who has an accomplished career of her own. This allows us both to grow together and take pride in each other's accomplishments. The symbiosis helped both of us.

Top: Dr. Kaban in the operating room for a recent case. Middle, from left: in 2011 at the MGH bicentennial, then-Director of OMS Residency Training and the Skeletal Biology Research Center Dr. Maria Troulis, then-OMS Chief Dr. Kaban and then-Director of the Center for Applied Clinical Investigation Dr. Thomas B. Dodson. Bottom: Dr. Kaban and his portrait at MGH.

Q What advice would you give to an OMS starting out?

A Strive for excellence! After every operation, you should sit down and think: What could I have done better? The surgeon should always be the least satisfied with the operation. When patients report for their postoperative visits, they are often the most satisfied person in the room, followed by the parents and then the orthodontist. The surgeon should be the least satisfied and should be asking the question: What could I have done better?

A commitment to life-time learning is important. It will help you be successful over time and will provide maximum benefit to your patients and students. We are living in a period of rapid advances in science and technology. You have to be able to adapt.

As I learned, a commitment to research and teaching is also critical for a successful surgical career. Asking questions and surrounding yourself with young inquisitive trainees is intellectually stimulating and informative and helps you stay young and forces you to continuously grow. ■

Conference to focus on oncologic surgery

With OMSs becoming more involved in the comprehensive treatment of patients with oral and head and neck cancer, AAOMS developed a new conference devoted to this area of the OMS scope of practice.

The Principles of Head and Neck Oncology for the OMS conference being held March 6-8 at AAOMS headquarters in Rosemont, Ill., will discuss surgical and scientific developments in head and neck oncology. Participants will obtain information to ensure patients receive the highest-quality surgical care with optimal functional outcomes after ablative and reconstructive head and neck surgery.

Evaluation and management of head and neck cancer patients will be discussed, and optimal outcomes of head and neck oncologic and reconstructive surgery will be presented. The conference also will review principles of creating, marketing and maintaining a head and neck oncology practice as an OMS.

A limited hands-on preconference on March 6 is designed to provide participants with direct clinical skills to help augment their surgical practice. Attendees can select a course from each of two timeslots covering these topics:

- Nerve repair/reconstruction
- Computer 3D planning and navigation
- Microvascular anastomosis techniques
- Dental implant planning for cancer patients

Principles of Head and Neck Oncology for the OMS

When: March 6 – 8

Where: AAOMS headquarters, Rosemont, Ill.

More information: AAOMS.org/HeadNeckOncology

More than 20 leaders in the specialty will present during two full days of general sessions covering topics, including:

- Surgical techniques for oral cavity cancer extirpation
- Neck dissection
- Salivary gland tumors and reconstructive surgery
- Thyroid surgery, skull base access surgery and laryngeal cancer. ■

60 OMSs inducted in American College of Surgeons

Sixty OMSs – including 30 who are single-degree – were inducted as fellows in the American College of Surgeons in October in San Francisco, Calif.

The number of OMSs in ACS has grown from approximately 200 in 2016 to 500 in 2019. The OMS Advisory Council received the Advisory Council Foundation Challenge Award for being the top contributor in terms of percentage of members contributing (80 percent) and most dollars.

The OMS Advisory Council includes Chair and Program Liaison Steven M. Roser, MD, FACS; Board of Governors Representative Ghali E. Ghali, DDS, MD, FRCS(Ed), FACS; Specialty Society Representative and AAOMS Past President Brett L. Ferguson, DDS, FACS; and Alan S. Herford, MD, FACS, of ABOMS.

In 2018, the ACS approved creation of the OMS Advisory Council and a seat on the College's Board of Governors. The ACS Advisory Councils share information between the surgical societies and ACS Regents, offer recommendations to the Regents on policy issues about the specialties and nominate ACS fellows to be on ACS committees, specialty boards and specialty organizations. The Advisory Councils also help recruit surgeons for ACS membership and contribute ideas for specialty sessions and courses for the ACS Clinical Congress.

In 2016, ACS welcomed the first class of single-degree OMSs as fellows.

More information about applying for ACS fellowship is available at FACS.org/member-services/benefits/fellows. AAOMS helps single-degree OMSs apply and reviews the case logs of double-degree OMSs who are applying. Additional information about AAOMS review is at AAOMS.org/member-center/ACS-fellowship. ■

Above: ACS fellows, including new inductees, gather in San Francisco. Below, from left: ACS Foundation Board of Director member Dr. E. Christopher Ellison; member of the OMS Advisory Council Dr. Alan Herford; ACS Fellow Dr. Jennifer Woerner; OMS council members Drs. Steven M. Roser, Brett L. Ferguson and Ghali E. Ghali; and Mark Peterson, ACS staff liaison to ACS for the OMS specialty; with the award the council received.

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Resident organization celebrates 25 years of

Founded primarily as a communications forum 25 years ago, the Resident Organization of the American Association of Oral and Maxillofacial Surgeons – known as ROAAOMS – has transformed into an opportunity for residents to contribute to the specialty before they even enter practice.

Celebrating a quarter-century of accomplishments in 2019, ROAAOMS continues its focus on empowering OMS residents and scores of dental students to realize their full potential.

"AAOMS is grateful for all those who have served on the ROAAOMS Executive Committee as well as all residents who have passed through the organization," said AAOMS President Victor L. Nannini, DDS, FACS.

When ROAAOMS was founded, its goals were to 1) provide a way for residents to communicate with each other and practicing doctors in AAOMS, 2) allow residents to share their concerns about the state of their individual programs and 3) help residents understand the state of the profession and where it is headed.

"Thanks to the initiative of ROAAOMS leaders – many of whom have gone on to play an active role in AAOMS itself – the group today supports residents both professionally and personally. Their continued outreach to dental students has positively impacted our specialty," Dr. Nannini said. "AAOMS looks forward to the many future residents who will continue to enhance this organization."

The AAOMS House of Delegates officially recognized the ROAAOMS anniversary and its accomplishments during the Annual Meeting in Boston and presented a plaque to ROAAOMS Executive Committee then-President Thomas Burk, DMD, MD.

To honor the 25-year anniversary, ROAAOMS has developed a list of 25 initiatives and achievements featuring ways the group has served its membership and promoted oral and maxillofacial surgery to dental students:

- **Resident Reach** – This quarterly newsletter established in 1995 was dedicated to resident issues. Articles highlighted news and activities of the Association and resident

The History of ROAAOMS 1994 – 2019

1994

Establishment of Resident Organization. Inaugural issue of ROAAOMS *Resident Reach* published. The *Resident Reach* evolved into ROAAOMS District Newsletter, which became the Resident E-News. Today, ROAAOMS is additionally present on social media via Facebook and Instagram

1997

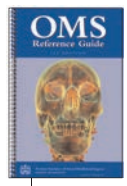
AAOMS Bylaws amended to formally add a Resident Member classification and grant two non-voting seats in the House of Delegates

2002

Began dental school visits and active involvement in ASDA to educate dental students about OMS and aid recruitment efforts

2005

First resident member added to an AAOMS Standing Committee: Committee on Governmental Affairs/OMSPAC



2007

1st Edition of the *OMS Reference Guide* released

2009

Disasters from the Masters program series begins

innovation, collaboration and inspiration

organization. An editorial from the ROAAOMS chair also was included in each issue. Resident Reach evolved into resident district newsletters in 2004.

- **House of Delegates resident member** – AAOMS bylaws were amended in 1997 to formally add a resident member classification. ROAAOMS was granted two non-voting seats in the House.
- **Dental school outreach** – Established in 2002, annual dental school visits focus on recruiting and educating dental students about the specialty.
- **Program Liaisons** – Created to assist the ROAAOMS Executive Committee in communicating important information and promoting events to all residents, the network of residents called ROAAOMS Program Liaisons was developed in 2002. The network is composed of resident representatives from each U.S. residency training program.
- **AAOMS standing committees** – In 2005, the Committee on Governmental Affairs was the first AAOMS standing committee to amend its composition to include a resident member. Today, residents have seats on nine AAOMS committees, the OMS Foundation Board of Directors, the *JOMS* Editorial Board and the OMSPAC Board of Directors.
- ***OMS Reference Guide*** – Developed in 2007, this guide was created to answer questions that arise during treatment as well as serve as an organized resource for review of the material essential for practice and board certification.

continued on next page

> *AAOMS looks forward to the many future residents who will continue to enhance this organization.*
>
> *– Dr. Victor L. Nannini, AAOMS President*

2013

ROAAOMS Delegates granted limited voting privileges

2014

OMSNIC Resident Surgical Log revision completed

2015

Education and Research Conference features first Resident Educational Program in Rosemont, Ill.

2018

First standalone Resident Transitions into Practice Conference held in Rosemont, Ill.

Resident Transitions into Practice Conference: Preparing for Post-residency Life

2019

JOMS article on student debt survey published

ROAAOMS celebrates a quarter of a century of **Innovation, Collaboration and Success!**

- **Disasters from the Masters** – This forum was established in 2010 to allow residents to learn interactively from leading surgeons who present on surgical complications in various clinical areas. This educational program takes place during the AAOMS Annual Meeting. Topics have included orthognathic surgery, career development and anesthesia.
- **Voting privileges in the House of Delegates** – In 2013, resident representatives were granted limited voting rights in the House, excepting Board of Trustees and ABOMS elections.
- **Educational conferences** – To help residents obtain essential non-clinical information to assist their transition from residency to practice, ROAAOMS in 2015 developed the Resident Educational Program that took place in conjunction with the Research and Education Conference. In 2018, this program was transformed into the Resident Transitions into Practice Conference: Preparing for Post-residency Life.
- **ROAAOMS district newsletters** – ROAAOMS district representatives share OMS program updates with their respective districts in the district newsletters. These efforts were consolidated into the current Resident E-newsletter and ROAAOMS social media outreach.
- **Travel scholarships** – ROAAOMS awards scholarships throughout the year to support resident attendance at educational meetings, including the AAOMS Annual Meeting, Dental Implant Conference, Clinical Trials Methods Course, CSIOMS and the Resident Transitions into Practice Conference.
- **American Student Dental Association (ASDA) involvement** – Representatives from ROAAOMS attend the ASDA Annual Session and National Leadership Conference each year to help recruit and educate dental students about oral and maxillofacial surgery. In addition, ROAAOMS participates in ASDA district meetings to provide dental students with insight on becoming an OMS resident.
- **American Dental Education Association (ADEA) involvement** – Representatives from ROAAOMS attend the ADEA Annual Session & Exhibition and Fall Meetings as well as well as participate in the ADEA eForum to promote specializing in oral and maxillofacial surgery.

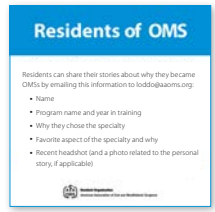
Past and present members of ROAAOMS and faculty members honor the ROAAOMS 25th anniversary at the 2019 Annual Meeting.

- **American College of Surgeons (ACS) membership** – The Resident and Associate Society of ACS provides dual-degree residents with an avenue for participation in ACS affairs, fosters development and use of leadership skills in organized surgery and provides opportunities to be heard by ACS leadership. ROAAOMS supports residents interested in joining the society by informing them of society news through emails and social media.
- **Booths at AAOMS Annual Meetings and Dental Implant Conferences** – ROAAOMS booths serve as a platform for residents to converse with members of the ROAAOMS Executive Committee as well as learn about resident opportunities and AAOMS events.
- **ROAAOMS survey and *JOMS* article about resident debt** – The ROAAOMS Debt Task Force developed and executed a study about OMS resident and new graduate educational debt while exploring the impact on AAOMS membership, the specialty and the communities they serve. Published in the February 2019 issue of *JOMS*, the results showed current residents and recent graduates face considerably more educational debt compared to 2010-12 OMS graduates.
- **OMS Foundation** – Residents may become members of the Foundation, dedicated to advancing research and training in the specialty, by contributing $10. For the contribution, residents receive the Torch newsletter and the Foundation Annual Report.
- **OMSPAC campaigns** – Each year, ROAAOMS campaigns for resident donations to OMSPAC, AAOMS's nonpartisan political action committee that protects the specialty by

Dr. Brian Alpert, who was instrumental in the establishment of ROAAOMS 25 years ago, celebrate its success with residents at the Residents Reception at the 2019 Annual Meeting.

supporting candidates for federal office who will work toward the principles of quality OMS care.

- **ROAAOMS Resident Reception** – Residents are welcome to join their fellow residents, AAOMS members and Corporate Supporters for a complimentary evening of camaraderie and entertainment held in conjunction with the AAOMS Annual Meeting.
- **Resident e-News** – The bimonthly e-newsletter serves as the main communication tool to improve and enhance communication among its members and educate them about the specialty.
- **ROAAOMS Facebook account** – Launched in 2014, the ROAAOMS Facebook social media account alerts residents about important issues.
- **ROAAOMS Instagram account** – ROAAOMS began using an Instagram social media account in 2018 to communicate Association news and feature resident and programs. Residents of OMS campaign posts showcase residents across the country, exploring why they became OMSs and their favorite aspects of the specialty.



- **OMSNIC Resident Surgical Log (RSL)** – ROAAOMS helps ensure the OMSNIC RSL meets the needs of OMS training programs by providing input on the RSL Advisory Committee. The log helps residents maintain accurate records of surgical experiences and track accreditation requirements.
- **ROAAOMS wellness campaign** – The ROAAOMS Executive Committee began in 2019 a wellness campaign on Instagram to support residents through their journey to becoming an OMS.

- ***JOMS* Editorial Board** – AAOMS resident members receive an annual complimentary subscription to *JOMS*, the premier peer-reviewed OMS resource for scientific and clinical information. Beginning in 2020, *JOMS* is featuring a Resident Corner, an online section focusing on topics that impact trainees preparing to practice. ■

AAOMS President Dr. Victor L. Nannini and his wife, Kathy

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- International Fellowship for Cleft and Craniofacial Surgery
- And more

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Your support strengthens OMS research

Recent challenges to the OMS practice model have brought the OMS Foundation's role as an engine for research into sharp focus.

Few OMSs practicing outside academia have the time or resources to devote to research. That's why the OMS Foundation was created.

The Foundation has disbursed nearly $14 million since 1985 to support basic and clinical research, contributing significantly to the OMS knowledge bank.

One of its most memorable projects was the 10-year, multicenter AAOMS Third Molar Clinical Trials, which found strong evidence even asymptomatic non- and partially erupted third molars may be subject to significant bacterial colonization and associated periodontal pathology. The study was a watershed for the specialty and its patients. Its conclusions remain relevant today.

Late last year, in collaboration with AAOMS, the Foundation launched a research project that rivals the third molar study for potential impact on the specialty. This examination of past and current data related to anesthesia and patient safety will support the development and publication of a detailed and factual case for the safety of the OMS practice model. (See the President's column on page 4.)

Data analysis of this magnitude is not accomplished overnight or even within a year or two. The compilation of current data from the OMS Quality Outcomes Registry (OMSQOR®) and other sources will take time. The validity of the conclusion increases with the volume of current data included in the study.

Your help is urgently needed on two fronts:

■ **OMSQOR** – If you have not already, participate in OMSQOR to contribute your data to this study. OMSQOR is a national data registry collecting aggregate, de-identified data from participating members to help with our advocacy and research. We know our practice model is safe, and that its reversal would have catastrophic consequences for those with limited access to care. Help us prove that.

■ **OMSFIRE** – Stand with the Foundation and the specialty as a donor to OMSs for Innovation, Research and Education (OMSFIRE). OMSFIRE recognizes donors who commit to a recurring gift to the Foundation's Annual Fund of $2,500, $5,000 or $10,000 per year for five years, processed in monthly or annual installments on a credit card. (Alternate giving options are available for $5,000 and $10,000 annual donors.)

This new recognition program encourages Annual Fund donors to commit to a consistent level of support for five years (something many donors already do, but less predictably). The Foundation will continue to recognize all Annual Fund donors on its website and in its publications, but OMSFIRE commitments also will be recognized with a branded OMSFIRE tie/scarf (at the $5,000/year level) or a distinctive lapel pin (at the $10,000/year level), plus a group photo opportunity at the AAOMS Annual Meeting.

Every gift to the Annual Fund supports the mission and programs of the Foundation, including the new anesthesia and patient safety study. We need your help to ensure this important work will not be hampered by a lack of resources and that our other commitments to support research, education and academic excellence in the specialty will be met.

Individually, we are powerless against these challenges. Together, we can publicly affirm what we know to be true and back it up with facts. Each of us has a role to play in this effort. Don't underestimate the importance of yours. ■

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HEALTH eCAREERS

Registration open for 20th AAOMS Day on the Hill

OMSs can join their colleagues March 24 and 25 in Washington, D.C., to advocate on behalf of their practices and patients at the 20th anniversary of AAOMS Day on the Hill.

The event will begin with an afternoon session on Tips for Conducting Congressional Visits. A reception and dinner are scheduled for the evening of March 24. A breakfast and a morning program discussing AAOMS issues will start the day March 25. Attendees will then go to Capitol Hill to meet with their constituent congressional offices to discuss federal priority issues for the specialty.

All events will be held at the Renaissance Washington, D.C. Downtown Hotel.

Complimentary airfare and one-night hotel accommodations to attend this program will be offered on a first-come, first-served basis to a limited number of AAOMS fellows and members who have not attended a Day on the Hill within the past five years. OMSPAC also offers similar funding for up to three residents.

No political or advocacy experience is necessary. AAOMS welcomes first-time attendees and will ensure all attendees are adequately prepared for their congressional meetings.

Registration is now open at AAOMS.org/DayontheHill. ■

2020 Day on the Hill

What: Advocate to members of Congress

When: March 24 and 25

Where: Renaissance Washington, D.C. Downtown Hotel

Who: Open to AAOMS fellows, members and residents practicing in the United States

Questions?
Contact Danielle Branch at 800-822-6637, ext. 4392, or dbranch@aaoms.org

Congress will try to address important healthcare

The 2020 elections will undoubtedly have a significant impact on healthcare policy. While predicting the outcome is difficult, the makeup of the committees with jurisdiction over healthcare in the House and Senate will certainly change due to key retirements.

In the House, U.S. Rep. Greg Walden (R-Ore.), ranking member of the Energy and Commerce Committee, announced his retirement from Congress. He is the 21st Republican House member – and fourth Republican House committee leader – to announce he or she will not seek reelection.

Four members of the Energy and Commerce Committee will leave through retirement: Reps. John Shimkus (R-Ill.), Pete Olson (R-Texas), Susan Brooks (R-Ind.) and Greg Gianforte (R-Mont.), who is running for governor. Also, Reps. Kenny Marchant (R-Texas) and George Holding (R-N.C.) will retire from the Ways and Means Committee.

While eight House Democrats announced they will not seek reelection in 2020, only three are on healthcare committees – Reps. Joe Kennedy III (D-Mass.), Dave Loebsack (D-Iowa) and Ben Ray Luján (D-N.M.) – and all are members of the House Energy and Commerce Committee. Reps. Kennedy and Lujan are running for U.S. Senate, while Loebsack is retiring.

Significant changes will occur to the Senate committees that handle healthcare policy. Most notably, Chair of the Health, Education, Labor and Pensions (HELP) Committee Sen. Lamar Alexander (R-Tenn.) announced his retirement, assuring a new chair regardless of who wins the Senate in 2020.

Significant changes will occur to the Senate committees that handle healthcare policy.

If Republicans maintain the Senate majority, those thought to be in line for the chairmanship include Sens. Susan Collins (R-Maine) and Bill Cassidy (R-La.). In addition to Sen. Alexander, other Republican members of the HELP Committee announced their retirement, including Sens. Richard Burr (R-N.C.), Michael Enzi (R-Wyo.), Johnny Isakson (R-Ga.) and Pat Roberts (R-Kan.). Sens. Burr, Enzi and Isakson also serve on the Senate Finance Committee, which has jurisdiction on healthcare policy.

Before leaving Congress, these committee leaders had a number of health policy issues to address before the end of the 116th Congress.

Lawmakers were under pressure to repeal the Medical Device Tax, which has been suspended since 2015. However, it was set to go into effect again Jan. 1, 2020. Congress repealed it as part of an end-of-the-year spending package.

Leaders were hoping to pass federal legislation to address surprise medical billing concerns. With an increasing number of patients receiving significantly higher bills after undergoing care by out-of-network providers, policymakers have moved to protect patients from these surprise bills. The House and Senate have moved legislation to ban providers from charging out-of-network rates to patients without their knowledge.

issues, including surprise billing, in election year

However, lawmakers have been unable to agree on how to reconcile payment between providers and insurers. Because Congress was unable to agree to a proposal on how to address surprise billing before the end of 2019, it will be first on the agenda for 2020.

Congress also may be forced to replace the Affordable Care Act if the U.S. Court of Appeals for the Fifth Circuit upholds a ruling that found the healthcare law unconstitutional. A federal judge in Texas ruled in favor of 18 state attorneys general who argued the law became unconstitutional when Congress repealed the individual mandate to purchase health insurance.

If the appeals court upholds the ruling, the law would be ruled unconstitutional and head to the Supreme Court on appeal or return to the Texas courts for additional rulings if the Supreme Court refuses to hear it. HHS Secretary Alex Azar has stated 2020 open enrollment will continue even if the appeals court upholds the original ruling, but the future beyond the 2020 enrollment is undecided if Congress does not act in the interim.

Additional items Congress will likely consider in 2020 include efforts to lower prescription drug prices. President Donald Trump has urged Congress to take action to reduce the cost of prescription drugs, but Congress has been unable to agree on a solution. The House passed on Dec. 12 by nearly a party-line vote The Lower Drug Costs Now Act (HR 3). The bill would allow the government to negotiate its own prices for prescription drugs and use the cost savings to include new dental, vision and hearing aid benefits to basic Medicare.

The Senate has been working on its own drug pricing package. The Senate package includes more than 30 provisions designed to help limit the cost of prescription drugs and provide relief to seniors with high out-of-pocket costs. The Senate package does not include provisions to expand Medicare dental, vision and hearing aid benefits, and Senate leaders stated they will not consider the House version if it passes.

Additional attention will be paid to healthcare transparency issues by Congress and the administration. Among other items, these proposals would require healthcare facilities and providers to give patients, upon discharge, a list of services received and require all bills be sent to a patient within 30 business days. If bills are received later, the patient is not obligated to pay.

The proposals also require providers and facilities to give patients at least 30 business days to pay bills upon receipt as well as offer good-faith estimates (within 48 hours of a request) of their expected out-of-pocket costs for specific healthcare services and any other services that could be reasonably provided.

On the public health front, Congress is working to impose new federal restrictions on vaping and/or electronic cigarettes, which AAOMS has supported. As part of the year-end spending bill, Congress enacted language to raise the smoking age to 21. While supportive of the change, anti-smoking advocates worry it will reduce momentum to ban flavored vaping products. ■

Forum attendees agree: relationships key to success

By Elizabeth A. Kutcipal, DDS
Committee on Governmental Affairs
District VI Member

Attendees of the 24th annual AAOMS State Advocates Forum certainly had a lot to discuss when they gathered in November in Las Vegas, Nev.

Even though I have been a member of the AAOMS Committee on Governmental Affairs since 2017, this was my first time representing the committee at the forum, and it was truly an informative experience. Between the discussion about 2019 activity regarding such topics as specialty recognition, insurance and prescription drugs – just to name a few – the two-day agenda was filled with issues that impact our specialty.

Laurie Traetow, a first-time attendee and executive director of the Iowa Dental Association, commented that the meeting was packed with content relevant to her state and pointed to which issues she should follow. She said she now has resources from other states for dealing with her local issues.

More than 20 themes were discussed, and 41 attendees – the highest attendance in nearly a decade – shared personal experiences on what did or did not work for them when facing similar issues in their states.

Carissa Kemp, government affairs manager at the Minnesota Dental Association, said she had a positive experience attending her first AAOMS conference. She enjoyed the engaging structure and stimulating conversations among attendees on various policy topics.

One of the major topics discussed during the meeting was anesthesia and specifically the recent challenges to our delivery model. Attendees agreed emotions rather than data have fueled the topic, making the issue difficult to combat. Participants emphasized the OMS specialty needs to continually educate state legislators and dental board members on not only the safety of our anesthesia model but on the specialty as a whole. These relationships need to be fostered in order for the specialty to weather this and future challenges.

Attendees also advised state societies to promote cross-specialty discussions to identify and advance common bonds across healthcare provider groups. Suggestions were to host society meetings or dinners to discuss issues of mutual interest or to allow other provider groups to tour OMS offices so they understand how we practice on a day-to-day basis.

It also was emphasized OMSs need to remain engaged not only with their state OMS societies but also with their state dental associations. Maintaining this level of engagement will ensure the specialty has a voice in any relevant discussions and all the tools available to address any future challenges.

This was by far one of the most informative meetings I have attended. I would urge all states to plan on sending an attendee to the 2020 AAOMS State Advocates Forum being held Nov. 13-14 in Colorado Springs, Colo. ■

More information available

Anyone with questions about their state's representation or who would like more information about the State Advocates Forum may contact AAOMS Government Affairs staff at 800-822-6637.

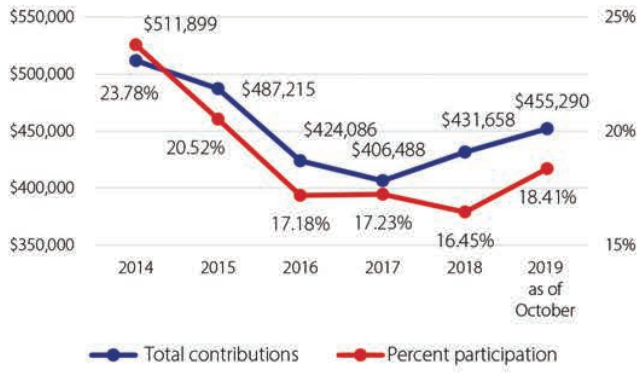
Data: Contributions, participation rebounding

The OMSPAC Board of Directors would like to thank all AAOMS members who contributed to OMSPAC in 2019. As the Board prepares its 2019 Annual Report, which will be published in February, it shares the following statistics based on OMSPAC operations as of Oct. 31.

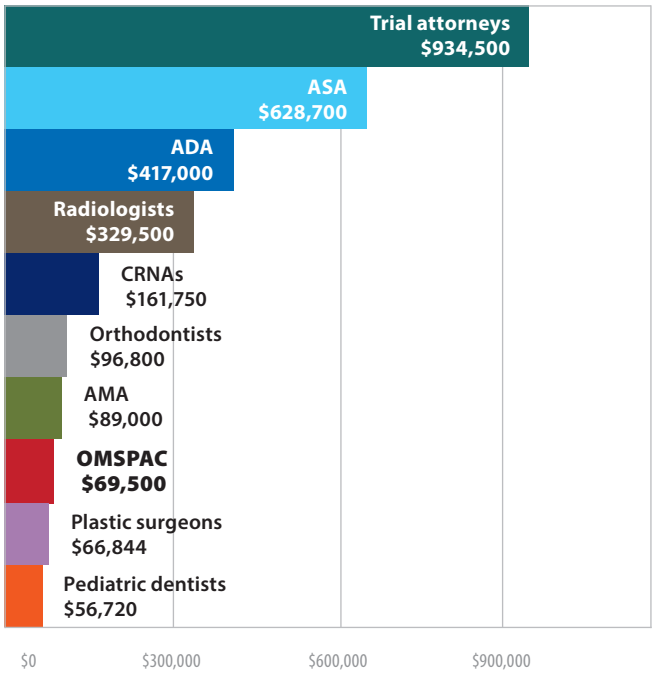
Competing interests in Washington push agendas that would hurt OMS practices. Since 1971, OMSPAC has served as the specialty's first line of the defense as the only OMS organization able to work to elect federal candidates to Congress who understand the important role of OMSs and the issues facing the specialty. OMSPAC protects the specialty by helping elect federal candidates who support oral and maxillofacial surgeons, the specialty and patients.

Additional information is available at OMSPAC.org. ■

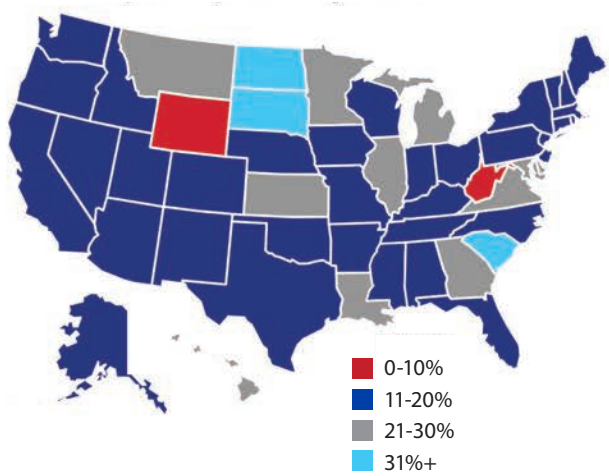
Annual Receipt & Participation Trends



2019 Federal Candidate Contributions (as of Oct. 31)



2019 Participation by State



Facts about Contributions

18%
Percentage of AAOMS members who contributed to OMSPAC in 2019

$360
Average contribution to OMSPAC in 2019

24
Number of OMSs who delivered contributions to federal candidates

42
Number of federal candidates supported by OMSPAC in 2019

HEALTH IT BYTES

Health data – Blue Health Intelligence, the company that houses all medical and pharmacy claims data for BlueCross BlueShield insurance, agreed to a multiyear deal to share its data with the Health Care Cost Institute (HCCI). The independent, nonprofit organization is used by health policy researchers to study healthcare system costs. When UnitedHealthcare announced last year it would stop sharing data with HCCI, the concern was the organization would not have enough claims data to continue its work.

HIPAA fines – The University of Rochester Medical Center in New York agreed to pay HHS's Office for Civil Rights (OCR) $3 million – one of the biggest fines last year. OCR levied the fine after the health center was found to have failed to encrypt mobile devices accessing patient information. The center also must implement a corrective action plan that includes OCR monitoring of its HIPAA compliance for two years. Providers are encouraged to review their own compliance with HIPAA, including mandatory encryption, to prevent similar fines and potential patient data breaches.

Daniel M. Laskin, DDS, MS
AAOMS Today *Editor*

A guide to clinical practice guidelines

It is generally agreed that to provide patients with the best of care, one's treatments should be evidence-based. Yet, it is usually not possible for clinicians to do their own critical reviews of the current literature.

Therefore, they often seek help from sources already available. These include the so-called white papers and clinical practice guidelines. In order to use such resources appropriately, however, it is important to understand how they are developed, the differences between them and the factors to consider in their adoption into practice.

A white paper is a document created by an authoritative group that is intended to help one understand an issue or to make a clinical decision. However, while it may still provide useful information, it is based more on the opinion of the contributors than on a thorough review of the scientific literature.

On the other hand, clinical practice guidelines are statements that are developed through a systematic review of the evidence in the literature. Thus, they generally are more accurate. However, they too can have their limitations.

So, how can one recognize credible guidelines?

Because clinical practice guidelines are based on the best available published information, they are governed by the quality of that information. Ideally, this should be randomized controlled clinical trials, but those available may be limited or not always of the best quality.

In addition, there is a tendency for negative findings to not get published and, if known, they could have a significant influence on the reliability of what is being recommended. Unfortunately, it is not possible for the clinician to determine the quality of the literature that was included in the development of a guideline.

Thus, the final decision has to be based on who is the sponsoring organization. Is it a recognized national specialty organization, such as AAOMS, or a small group of practitioners with a vested interest in a specific area of practice? Often, the latter results in conflicting guidelines on the same topic, leaving doctors and patients confused about which recommendations to follow.

> *A final treatment decision may ultimately be based on specific patient differences and clinical experience rather than on published recommendations.*

It is important to remember that even credible guidelines have their limitations. The scientific evidence can change over time, and guidelines may need to be updated. One always needs to check the publication date because a search on the computer for a clinical practice guideline may bring up one that is outdated or has been replaced.

Finally, one needs to remember that guidelines are suggestions and not rules, and they may not apply to an individual patient who should be managed differently for various reasons. Thus, a final treatment decision may ultimately be based on specific patient differences and clinical experience rather than on published recommendations. ■

Untangling the bilateral procedure modifier:

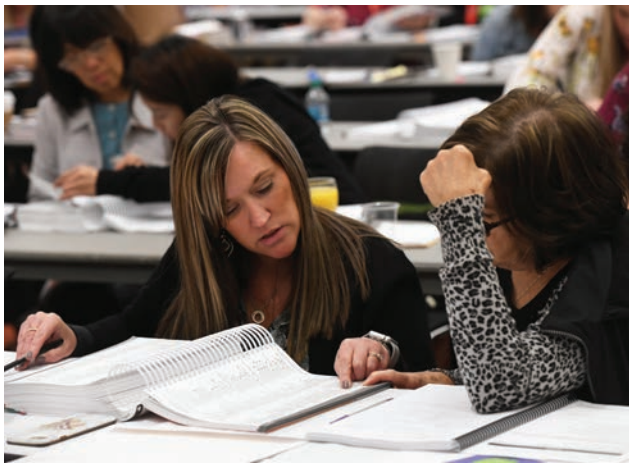
The bilateral procedure modifier – 50 is a CPT modifier reported on a medical claim form when rendering the same procedure on both sides of the body during the same operative session.

The modifier is necessary to show the additional services are not duplicative. Payers differ on how they want the modifier – 50 reported on the claim form. Medicare, for instance, has issued strict guidelines on the use of modifier – 50, and many major medical plans (such as UnitedHealthcare) utilize the same guidelines.

Medicare instructs the modifier and its intended CPT code be reported on one line using a single unit of service whereas other medical payers may instruct repeating the procedure code on two separate lines and appending the modifier – 50 on the second line item only. For this reason, it is imperative the OMS and/or coding staff verify the plan's preferred method of reporting to ensure the claim is accepted and processed accordingly.

Medicare states it is inappropriate to use the modifier when the procedure description depicts a bilateral procedure. For instance, CPT code 21193 is inherently bilateral because the procedure entails an osteotomy on both sides of the mandible. The code descriptor mentions "rami" – which by description makes it clear more than one body part is affected with this code. Therefore, Medicare would reject a claim for 21193 with the modifier – 50 or with multiple units.

Medicare also states it is inappropriate to report the modifier – 50 when reporting multiple procedures for midline organs, such as the nasal septum, or when reporting performing procedures on different areas of the same side of the body. The distinct procedure modifier – 59 may be more appropriate in those cases.



Medicare and commercial medical plans may apply a payment adjustment for bilateral surgeries. The payment adjustment will not apply to procedures in which the CPT descriptor describes the procedure as "bilateral" or "unilateral or bilateral" because the fee schedule payment amount already reflects any additional work required for bilateral surgeries. Medicare uses payment indicators to make it easier to determine when the modifier – 50 is acceptable and when a bilateral surgery payment reduction may be applied. Some commercial payers, such as UnitedHealthcare, also may utilize these payment indicators.

A complete explanation of these bilateral payment indicators can be found at CMS.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE1422.pdf.

Payment indicators also can be found on the CMS Physician Fee Schedule look-up page at CMS.gov/apps/physician-fee-schedule/overview.aspx. The indicators are displayed on page 49.

HCPCS modifiers LT and RT

HCPCS modifiers LT and RT may be used to identify unilateral procedures performed on either the left or right side. The preferred method of reporting these modifiers is on two separate claim lines using the RT and LT modifiers and one unit of service (UOS) on each claim line. Using a combination LT and RT modifiers on the same claim line with two units of service may cause a claim to be rejected.

Bilateral fracture repair

CMS has assigned a Medically Unlikely Edit (MUE) of "1" to many CPT codes for repair of maxillary or mandibular fractures. This may be because CMS considers the maxilla and mandible to be single bones.

For instance, CPT 21462 has an MUE of 1, meaning that only one unit is allowed per date of service. The modifier – 50 would likely not be accepted with this CPT code by Medicare or commercial payers using Medicare's claim edits.

Medicare, commercial payer guidelines

Options for reporting bilateral fracture repairs are:

- Use modifiers LT or RT or
- Report the procedure code on two separate lines, appending the distinct procedure modifier – 59 on the second line item (use one of CMS's x modifiers if reporting to Medicare) or
- Report the code once as one unit with the unusual procedure modifier – 22 and submit with a narrative and/or documentation supporting the extra work associated with repairing two or more fractures of a single bone.

The MUEs for all CPT codes can be found at CMS.gov/Medicare/Coding/NationalCorrectCodInitEd/MUE.html.

Know your payers

Understanding Medicare guidelines provides insight as to how commercial plans process claims for bilateral procedures. As stated, OMSs and/or coding staff are encouraged to verify the plan's preferred method of reporting before claim submission to ensure the claim is accepted and processed accordingly.

Resources

Optum's Encoder Pro or the OMS Coding Guide also provide MUEs and modifier indicators. Either can be purchased at Optum360coding.com/AAOMS or by calling 800-464-3649, option 1. The code AAOMSMBR can be used to receive a 20 percent member discount. ■

Coding decisions are personal choices to be made by individual oral and maxillofacial surgeons exercising their own professional judgment in each situation. The information provided to you in this article is intended for educational purposes only. In no event shall AAOMS be liable for any decision made or action taken or not taken by you or anyone else in reliance on the information contained in this article. For practice, financial, accounting, legal or other professional advice, you need to consult your own professional advisers. CPT® only © 2020 American Medical Association Current Dental Terminology® (CDT) © 2020 American Dental Association. All rights reserved.

Bilateral procedure modifier –50 indicators

Indicator	Description
0	Bilateral surgery rules do not apply. Do not use – 50 modifier The bilateral adjustment is inappropriate for codes in this category (a) because of physiology or anatomy or (b) because the code description specifically states that it is a unilateral procedure and there is an existing code for the bilateral procedure.
1	Bilateral surgery rules apply (150 percent). Use – 50 modifier if bilateral. Units = 1. If the code is reported as a bilateral procedure and is reported with other procedure codes on the same day, the bilateral adjustment may be applied before any multiple procedure rules are applied.
2	Bilateral surgery rules do not apply. Already priced as bilateral. Do not use – 50 modifier. Units = 1.
3	Bilateral surgery rules do not apply. Do not use – 50 modifier. Units = 1 or 2. If the procedure is reported with modifier – 50 or for both sides on the same day with RT and LT modifiers or with a 2 in the units field, Medicare may base payment for each side on the lower of: (a) the actual charge for each side or (b) 100 percent of the fee schedule amount for each side.
9	Bilateral surgery concept does not apply.

Understanding Multiple Procedure Reductions

A common inquiry often asked of coding and reimbursement staff at AAOMS is an explanation for the denial of a Multiple Procedure Payment Reduction (MPPR).

MPPR is a Medicare policy often utilized by commercial medical payers when a healthcare provider performs multiple procedures during a single patient encounter. Under a MPPR policy, the plan will reimburse the first listed procedure according to the plan's allowed amount and discount the second and remaining procedures reported on the claim.

The Medicare Carriers Manual explains how this reduction is calculated:

- 100 percent of the allowable amount for the primary/major procedure.
- 50 percent of the allowable amount for the secondary procedure.
- 50 percent of the allowable amount for all subsequent procedures.

Before Jan. 1, 1995, the third through fifth procedures were paid at 25 percent of the fee schedule amount. Surgical procedures beyond the fifth were priced "by report" based on documentation of the services furnished.

Because 100 percent of the allowable amount is provided for the primary/major procedure, it is important for the procedure sequence to reflect the highest regular fee schedule amount/relative value unit (RVU) to the lowest amount on the claim to maximize reimbursement.

The logic behind this reduction policy is to avoid duplication of payment for overlapping work and expenses when rendering more than one surgical procedure. Per Medicare policy, the payment of a surgical procedure covers the entire global period, which includes the immediate pre-service period (presurgical evaluation, vitals, review of records, etc.); the work involved with the surgery; the immediate postsurgery time (recovery); and postoperative period (10 or 90 days after the procedure).

Medicare and payers that follow Medicare's policy reduce the reimbursement for subsequent procedures because they already "paid" the pre-service and post-service with payment of the first procedure. This is why AAOMS advises in its coding workshops to list the procedure with the highest fee on the first line.

This rationale is defined and supported in Chapter 1 (page 13) of the National Correct Coding Initiative (NCCI) Coding Policy Manual for Medicare Services under Medical/Surgical Package found at CMS.gov/Medicare/Coding/NationalCorrectCodInitEd/index.html.

Carriers may vary when defining "multiple surgical procedures." Therefore, it is important to review the patient's insurance policy. Some carriers apply the multiple procedure reduction when there are multiple surgical procedures performed during the same operative session, whereas others may apply the reduction when there are multiple procedures through the same incision. This is a big difference, as many OMS procedures rarely involve multiple procedures through the same incision.

To counter a multiple procedure reduction, it is helpful to know how the payer applies the reduction and that the documentation and/or appeal demonstrates the preoperative evaluation, length of procedure time, intensity and postoperative follow-up care were not less for subsequent procedures because they were performed during the same operative setting as another procedure.

It also may be helpful to note if the pre-service or post-service work and time are more extensive than for the typical procedure or if the patient requires additional postop services beyond the typical global period because of the additional procedures.

It is important to note whether the overhead costs, including professional liability insurance, are reduced or increased when multiple procedures are performed during the same operative session. Otherwise, if the additional services did not affect the pre- and post-service work or the number of anticipated postoperative visits, the OMS (if contracted with the payer) may be obligated to adjust the charges as directed by the payer.

It is important to clarify provider status with payers to determine in-network and out-of-network status. This will help determine whether the patient can be balance billed or if the insurance adjustment must be applied. ■

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Photo: Eugene M. D'Amico, DDS, FACS, oral and maxillofacial surgeon at The Christiana Center for Oral & Maxillofacial Surgery, Newark, Delaware

ABOMS adds a new CAQ to its processes

The American Board of Oral and Maxillofacial Surgery (ABOMS) is now offering a second certificate of added qualifications (CAQ). In addition to head and neck oncologic and reconstructive surgery, the Board also will be administering a CAQ in pediatric craniomaxillofacial surgery.

Pediatric craniomaxillofacial surgery (cleft and craniofacial surgery) represents a clinical area within the specialty of oral and maxillofacial surgery that focuses on the diagnosis, surgical repair and adjunctive treatment of congenital, developmental and acquired deformities involving the craniomaxillofacial structures.

The purpose of this CAQ is to inform the public and professional colleagues that a qualified oral and maxillofacial surgeon who holds this certificate of added qualification has completed additional specialty education and an examination process and is qualified to practice within this focused specialty area.

The possession of this CAQ does not imply exclusion of other practitioners. This CAQ certification process will contribute to high standards of training and education as well as complete and ethical information for the public regarding surgeons who conduct a practice with an emphasis and commitment to this focused area of the specialty.

The CAQ in pediatric craniomaxillofacial surgery will be a written examination covering broad but comprehensive topics related to the diagnosis, surgical and medical treatment as well as management of complications of conditions treated commonly within the scope of cleft and craniofacial surgery.

The first administration will be at the 2020 AAOMS Annual Meeting in San Antonio, Texas, alongside the CAQ in head and neck oncologic and reconstructive surgery. Application for this examination is open on the ABOMS website beginning April 1 and will close June 1. More information can be found on the ABOMS website at ABOMS.org. ■

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AAOMS Advantage partners with select practice solution companies that offer the best products and services at exclusive member discounted prices. The Partners have been chosen because of their commitment to our specialty, exhibited by their desire to provide you with the best resources and purchasing experience. Our chosen Partner Programs undergo continual evaluation, work closely with the Association and its members and are proud to deliver royalty payments that fund the goals of AAOMS, including its advocacy efforts and other important programs and services.

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Bank of America Practice Solutions

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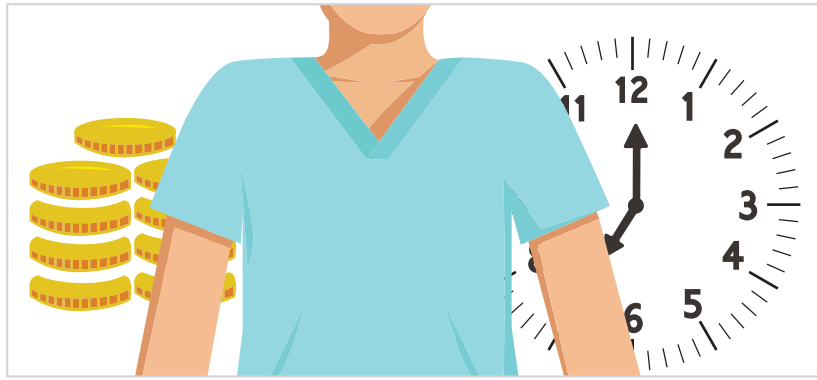
Topics: Overtime, dental waste, Windows 7

Q How will the Department of Labor's final rule to update overtime regulations impact practices?



A The Department of Labor this fall announced the final rule that updates overtime regulations. The updated rule, which took effect Jan. 1, 2020, increases the earnings thresholds necessary to classify an employee as exempt from the minimum wage and overtime pay requirements of the Fair Labor Standards Act (FLSA).

In addition, the rule allows employers to include certain bonuses/commissions toward the salary threshold. Prior to the update, employees making $455 per week ($23,660 per year) who qualified as executives, administrators or professionals were not owed overtime by their employers.

The final rule now increases this threshold to $684 per week ($35,568 per year). For employees previously classified as "highly compensated employees" (HCEs), the salary threshold increases from $100,000 to $107,432 annually.

Additional information on how this may affect practices and employees is available at DOL.gov/whd/overtime2019.

Q Is my OMS practice required to install an amalgam separator to comply with Environmental Protection Agency's dental waste regulations?

A At the federal level, OMSs are exempt from the EPA's regulation. However, individual states may have their own requirements with which to comply.

As such, it is important for OMSs to contact their individual state dental boards to confirm they are meeting all state requirements and regulations. The EPA's final rule regarding the installation of amalgam separators for the discharge of dental amalgam became effective July 14, 2017.

Under this federal ruling, dental professionals who exclusively practice one or more of the following specialties are excluded from meeting this requirement and submitting the one-time compliance report:

- Oral and maxillofacial radiology
- Oral and maxillofacial surgery
- Oral pathology
- Orthodontics
- Periodontics
- Prosthodontics

This information is available at EPA.gov.

Q My practice uses Windows 7, so what does Windows 7 "end of support" mean?

A Microsoft announced that after 10 years it will no longer provide support for Windows 7, effective Jan. 14, 2020. While PCs with Windows 7 will continue to function after this date, Microsoft will no longer provide technical support for any issues, software updates and security updates or fixes.

Without proper updates and regular patching, a computer system is more vulnerable to viruses and malware, increasing the potential risk for a security breach. Practices that continue to operate with an unsupported system may be considered noncompliant according to HIPAA security regulations.

To ensure continued HIPAA compliance and prevent unauthorized access or disclosure of protected health information (PHI), it is important for practices to implement and maintain technical safeguards. According to Microsoft, moving from Windows 7 to Windows 10 is the best way to stay secure in the future.

Additional information is available at Microsoft.com/en-us/windows/windows-7-end-of-life-support-information#why-windows-drawer-FAQ. ■

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WHITE PAPER

A Detailed Look at Its Chemistry, Production, and Applications in Oral and Maxillofacial Surgery

Collagens and collagen containing biomaterials, as both commercial products and building blocks in regenerative procedures, are often misunderstood and not well characterized.

This white paper aims to clarify, understand, compare and further define collagen and collagen biomaterials by outlining the history, differences in collagen types, shapes, composition and fabrication.

"There remains no more important topic than the use of collagen in the promotion of healing and in various regenerative procedures. This white paper is a tremendous accomplishment and resource to the OMFS community."

- Alan S. Herford , DDS, MD
Chair, Osteo Science Foundation

Get Your Copy Now

Whether you're a seasoned clinician or just getting started, this white paper will help you better formulate expectations and analyze performance of collagen as a regenerative biomaterial.

To download your digital copy, visit www.osteoscience.org

This Collagen White Paper is an independent project of Osteo Science Foundation.

Osteo Science Foundation
Research • Education • Improved Care
Shaping the Future of Regeneration

Osteo Science Foundation's mission is to advance hard and soft tissue regeneration, with a focus on Oral and CranioMaxillofacial Surgery. The Foundation was established by Dr. Peter Geistlich in 2013 and is funded by Geistlich Pharma, a global leader in regenerative medicine for dental, oral, and maxillofacial surgery. Osteo Science Foundation is dedicated to advancing scientific research and education that leads to improved outcomes for patients, and operates as an independent, privately-funded 501(c)(3) non-profit organization.

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To improve your practice, focus on the team

By Kevin Johnson
CEO, Leverage Consulting

A 20th century inventor and visionary, R. Buckminster Fuller is quoted as saying, "If you want to teach people a new way of thinking, don't bother trying to teach them. Instead, give them a tool, the use of which will lead to new ways of thinking."

When giving others a tool, you need to teach them how to use it and why to use it. Oral and maxillofacial surgeons who own their practices can become frustrated by results, or lack thereof, somewhere in their practices. This frustration could be attributed to their schedules, inventory, procedure goals, accounts receivable, etc. If this sounds familiar, the tools discussed will be critical to your ability to work with your team to pull out of a decline, sustain a benchmark or move into a new era of practice.

The thought behind using a tool

As an oral and maxillofacial surgeon, you likely graduated at the top of your class and completed a rigorous residency.

Once in practice, you continue to invest regularly in continuing education courses spanning dentistry, medicine and anesthesia. With such a large knowledge base, once you have decided there is a need for improvement or change in your practice, you have no doubt put a lot of thought into the idea. OMSs are quick on their feet, which is a great asset as both a surgeon and a practice owner. However, that quick-mindedness can become problematic.

A former colleague was blessed with the ability to make decisions quickly. Very quickly. On her own, she was phenomenal. It took her only seconds to reach a conclusion that would take others hours. However, that blessing also proved to be a curse at times. It became problematic when she had to work with others.

While she is a great individual with a good heart, coworkers would become frustrated because they were not as quick as she was. At the same time, she would become frustrated – feeling as if others were holding her back.

This may paint a familiar picture of similar struggles while working with different colleagues in your practice and referral sources. Keeping that struggle in mind, it's possible to create a deliberate plan using tools that will guide your team to your objectives.

Leading the team

If you have regular team meetings, you may encounter similar situations. While you may have personally arrived at a solution, pulling the team along with you may seem like an impossible task at times.

You are not alone. Every business owner, manager and team leader experiences this struggle.

To demonstrate this point on a larger scale, Amazon has approximately 600,000 employees, and one of founder and CEO Jeff Bezos' main priorities is instilling common values and objectives within his management layers and the frontline employees to ensure Amazon's continued growth.

Your focus here will help you do the same in your practice. Following a few logical steps will put you on the same path as a business giant like Bezos:

- **Identify the problem** – This could be a deficiency or a gap between where you are now and the next level of your practice. The latter is not a problem but more of a path to continue your excellence.
- **Determine the solution** – Similar to a treatment plan, once you know the problem, you devise a solution with the best possible outcome.
- **Identify the key individuals** – Leaders and managers are effective when they achieve their goals through others. The OMS is the key technician and entrepreneur in the practice. To support the technician and entrepreneur, team members conduct many if not most daily operations.

  Identifying the key team members who will assume the responsibility for the change is critical to the desired change.
- **Measure the change** – Sports teams use scoreboards to measure their personal progress as well as their progress against competitors. Your only competitor should be yourself – from yesterday. Measuring change over time demonstrates results, keeps a focus on improvement for the team and maintains communication.

continued on next page

■ **Communicate the new or revised system** – This is where great ideas flourish or die and may be the most important part of implementing change. If team members do not understand how they should individually change daily routines, the routines will not change and you will not see results. This communication should create clarity, provide logical steps and answer questions.

■ **Communicate the desired result** – This also is a very important step. A favorite example of this is "fill the schedule." Someone could technically follow a directive step-by-step yet fail because he or she filled the entire day with postops, emergencies, torque tests, etc. Your team will usher many patients through the practice.

However, the production (leading to collections) would barely pay the power bill. You need to communicate what outcome the team should be aiming for daily. As an example, aim for 10 scheduled sedation patients on a Friday.

■ **Communicate the ongoing result** – Because everyone gets so busy with patient care, it can be easy to lose sight of the objectives. Team members may have no idea whether they are on track until they are told they have done something wrong. Communicating the ongoing result also creates an opportunity to keep the team focused and motivated when it is on the right track.

Motivating your team to follow your lead could be as simple as following these steps. If you feel changes are not being implemented appropriately, you can go back to these steps to reassess where things broke down.

'Don't tell me, show me'

Modifying a schedule is quite impactful to the practice. Fundamental changes to the schedule will affect the flow of patients, staffing, how team members prioritize their day, productivity, and, most importantly, patient care.

Patient care will not be compromised. However, other outcomes – such as patient experiences, referral satisfaction and team morale – will be adversely affected. A daily schedule that leaves a surgeon feeling stressed, double-booked and overworked does not facilitate excellent patient experiences compared to a schedule that has been logically prepared for the best possible practice outcome.

Many practitioners start their practice with the Bob Barker method of practice-building: "Come on down!" That may sound like a great reputation to have, as you will be viewed as a problem solver for both the referring doctor and the patient – and who doesn't like a problem solver? However, that approach to creating and maintaining a great reputation will backfire if the team doesn't manage it properly.

If you decide to implement a new schedule template to manage patient flow, productivity, staffing schedules, etc. – paint the picture for your team. Show them the new template and explain it. Explain how the day will flow differently. Describe how the team's daily activities and responsibilities may need to change. Get the team over the goal line faster by showing the team the desired changes. Your team will gain a better understanding of your desired changes and goals, making these changes easier to implement.

Role playing

As part of any organized, planned change and training, you as a leader and manager will need to ensure the team has thought through the process as much as you have. You have likely experienced a professional situation when you explain something to your staff and receive head nods with the obligatory comments of "sure" or "OK."

Teams need to have a dialogue when implementing change in the workplace. Is it possible for a leader or manager to answer every conceivable question to leave the listener(s) satiated

and speechless? Or do you need to peel the onion together and envision implementing the new system tomorrow?

Consider how this same concept is applied with CPR training. You learn the concepts and then practice the right technique. You must do the same in your practice system.

With this CPR analogy, our only objective is to save the patient. That's it. With a practice system, we want to save and stabilize the schedule. Your team will experience many curveballs between today's reality and the day planned on your schedule.

Have your team visualize preparing the schedule, dealing with attempted cancellations, working referral emergencies into the schedule and more. Role playing is the perfect training tool as the team visualizes changes. You may find gaps in knowledge, incorrect perceptions and gaps in training.

Role playing is the safest place to practice. Yet, when the idea of role playing is mentioned, people tend to shy away because it is perceived as uncomfortable. A great visualization of being uncomfortable is thinking you know the job while staring a patient in the eyes only to realize you are not as prepared as you thought. That discomfort marks the starting line of learning. If the team hasn't crossed that line, the learning has not yet started.

Theory vs. application

Say you want to place an additional 100 implants annually. That goal alone will affect the schedule, ordering, marketing, team member responsibilities and your focus.

Now break down what tools the team will need to accomplish the desired outcome of placing 100 additional implants over 12 months:

- Marketing strategies to draw more implant candidates
- Appropriate staffing
- Defined team member responsibilities
- A schedule that supports 100 additional implant patients
- A defined new patient intake process and scripting
- A defined consult process and scripting
- Monthly tracking on deliverables
- Ongoing training for staff involved
- Continuous team updates

A job vs. a challenge

It is interesting to observe a group that has a job vs. a team that has a challenge. Teams that have a challenge will do what is necessary to win. A challenge checks many boxes for a leader and manager. It communicates the desired outcome. It remains a priority through routine updates. A challenge also is a way to measure the team's progress, or lack thereof, similar to a scoreboard. It gives the team a purpose.

By following these steps, your team will gain clarity, purpose and motivation to work toward a shared goal in the practice. That goal may be to grow your implant practice, add an associate or anything else the entrepreneur in you desires.

An OMS needs a team that can work together to achieve desired outcomes, whether there are six employees or 100. A team will power you to your desired destination faster and more efficiently than if you went on the same journey alone. Give your team the necessary tools to start the journey toward your next phase of practice. ■

This is number 171 in a series of articles on practice management and marketing for oral and maxillofacial surgeons developed under the auspices of the Committee on Practice Management and Professional Staff Development and AAOMS staff. Practice Management Notes from 2002 to present are available online at AAOMS.org.

Robert S. Clark, DMD
Treasurer

The Board of Trustees believes the 2020 budget will provide a solid foundation that will enable AAOMS to advance our agenda in support of the Strategic Plan.

Another year, another set

Financial results were still being finalized at press time, but I am happy to report we are anticipating positive financial results for 2019 that will exceed original budget expectations.

Strong investment returns, significant salary and benefits savings as well as a successful 2019 Annual Meeting in Boston resulted in the positive variance despite volatility in the markets during the year.

In late October, the Board's Finance and Audit Committee met with the auditors to discuss the 2019 audit plan. The audit fieldwork will take place in late March, and we will provide a report on the final numbers and results of the audit in a future issue.

With a new year upon us, AAOMS's activities are guided by the 2020 operating budget the House of Delegates approved at the Annual Meeting. This year's budget includes revenues of $22 million and expenses of $21.99 million, resulting in anticipated revenues over expenses of $15,000. The budget also includes revenue from the annual member assessment for the Informational Campaign approved at the 2019 House of Delegates for a second three-year term.

Membership dues continue to be the single largest revenue source, and with a budget of slightly more than $6.8 million, dues comprise approximately 31 percent of total revenue for 2020.

Other significant revenue generators include:

- Annual Meeting – with revenues at $4 million
- Member assessment – $1.8 million
- Royalties – $1.6 million (including OMSNIC royalties of $600,000)
- *Journal of Oral and Maxillofacial Surgery* – $1.3 million
- Dental Implant Conference – $1.3 million
- Building operations – $903,000
- Assistant programs – $845,000
- Coding workshops – $384,000
- Sales of publications and electronic products in the AAOMS Store – $367,000

# of positive financial results for AAOMS

On the expense side, $3.4 million is budgeted to support the programs offered at the 2020 AAOMS Annual Meeting in San Antonio. Other significant expenditures that support the revenue-producing activities include:

- Dental Implant Conference – $1 million
- Building operations – $943,000
- Assistant programs – $506,000
- *JOMS* – $305,000
- Production and fulfillment costs of items sold in the AAOMS Store – $283,000
- Coding workshops – $239,000

Budgeted expenses also include $5.5 million (representing 25 percent of total budgeted expenses) for program-related activities. These include:

- $1.82 million for the Informational Campaign.
- $1.12 million to support residency programs, including $260,000 to fund Faculty Educator Development Awards (FEDA).
- $420,000 for coding and reimbursement initiatives.
- $411,000 for support of the Association's advocacy activities in Washington, D.C., and at the state level.
- $408,000 for anesthesia programs.
- $329,000 for representation at allied meetings (state and regional meetings, international meetings and meetings of affiliate organizations).
- $315,000 for communications and the Association's website.
- $229,000 for ADA representation activities.
- $212,000 for research and professional affairs activities.
- $145,000 for continuing education and professional development activities, including practice management.
- $113,000 for grants and awards.

The approved operating expense budget also includes a $200,000 contingency fund, which enables the Association to fund new initiatives and take advantage of valuable opportunities that present themselves during the year without restricting key programs.

The Board of Trustees believes the 2020 budget will provide a solid foundation that will enable AAOMS to advance our agenda in support of the Strategic Plan. ■

OMS provides care in Cambodia for a decade

Many AAOMS fellows and members generously help patients in unfortunate circumstances in the United States and abroad. Giving Back is an occasional feature that will highlight the volunteerism of oral and maxillofacial surgeons. Send story ideas to AAOMS Editorial Manager Sarah Trotto at strotto@aaoms.org.

Tony Chi, DMD, traveled with the Cambodian Health Professional Association of America (CHPAA) on its first health mission to Cambodia a decade ago.

Since then, he has made more than a dozen trips to the southeast Asian country, treating hundreds with oral issues.

CHPAA provides free medical, dental and surgical services to underserved people of Cambodia and hosts annual health missions to the country, treating more than 54,000 patients in the last decade. Dr. Chi has accompanied CHPAA on each of those trips and traveled to the country on his own. He most recently visited in February to perform head and neck biopsies, tumor resection and corrective jaw surgery.

"I believe it's important that I go somewhere there is a need and contribute my knowledge and experience in helping these people," Dr. Chi said. "It's the right thing to do. Get out of the office and do something different. People appreciate what you've done for them."

His first trip to Cambodia with CHPAA was at the request of a good friend, Song Tan, MD, president of CHPAA, who grew up in Cambodia and fled the country for the United States during the Khmer Rouge. Dr. Chi heard about the country through watching the 1984 movie, "The Killing Fields," which details the Khmer Rouge regime in Cambodia between 1975-79 that resulted in the deaths of at least 1 million people.

Dr. Tony Chi has made more than a dozen trips to Cambodia to provide care.

"It gave me quite the impression about the country," Dr. Chi said of the movie. "So much of the population was wiped out. I thought to myself, 'I need to go see this country and see what's going on.' "

So he did. And during that first mission in 2010, Dr. Chi saw 60 patients a day, mostly performing dental extractions. Dr. Chi said he knew that trip would be the first of many.

"I wanted to go back because the people are just so wonderful," Dr. Chi said. "They were so grateful and so receptive. They just want you to help them out. It makes you feel like it's the right thing to do to help them out."

The health mission trips also have been a learning experience for Dr. Chi. He recalled encountering a 1-year-old girl with a cleft palate in southern Cambodia. At the time, he didn't have the necessary skills to treat her.

"I just felt so bad because I couldn't help this kid," Dr. Chi said.

So he learned how to perform the procedure from fellow surgeons and now can perform cleft palate surgeries during his visits to Cambodia. Dr. Chi said sharing the knowledge and experience gained during a career with others is an important part of being an OMS.

"It's more than daily office work," Dr. Chi said. "When you get out of the office, it's a different kind of experience. You're not in pressure. You just feel good about treating patients. In my mind, I just wanted to make sure I could resolve the issues and resolve the discomfort so they come back to me with a smile." ■

Grants to support OMS volunteer efforts

Through the Global Outreach Program, AAOMS and the Henry Schein Cares Foundation are supporting oral and maxillofacial surgeons' volunteer efforts for the fifth consecutive year.

AAOMS and the Foundation awarded $2,500 grants to four doctors to fund their volunteer service in the United States or overseas.

The program also offers each recipient $2,000 in healthcare products from the Foundation, which looks to increase the delivery of healthcare services and information to at-risk and underserved communities.

The recipients are:

- **KyungHoon Chung, DDS, MD,** of Clearlake, Calif., will serve on Mercy Ships in Dakar, Senegal, and plans to use the grant to cover a surgical set for cleft lip and palate repair as well as travel expenses.

  Dr. Chung

  Other procedures he will conduct will include bone grafting and surgery to remove tumors in patients from 4 months old to adulthood.

- **Gary Parker, DDS,** of Lindale, Texas, has served as a full-time volunteer OMS with Mercy Ships for the last 32 years.

  During his seven-month service in Senegal, his team expects to treat 120 patients and perform 600 surgical procedures, including cleft lip and palate repair as well as reconstruction of lips, cheeks and noses. He also will train Senegalese surgeons.

  Dr. Parker

- **Steven M. Roser, DMD, MD, FACS,** of Atlanta, Ga., is the team leader for a surgical mission to Santa Cruz, Bolivia, that will conduct surgery on approximately 60 children with cleft deformities.

  The mission also strives to help prepare local surgeons to sustain a surgical program at their hospitals. The mission includes OMS residents from the United States and Bolivia.

  Dr. Roser

- **Daniel Witcher, DDS,** of Solana, Beach, Calif., expects to use the grant for the John Geis DDS Dental Clinic at Veterans Village of San Diego, which offers rehabilitation services to military veterans.

  Volunteer dentists provide free dental care, including full-mouth restorations, to the nearly 200 Village residents and other area veterans. ■

  Dr. Witcher

ADVANCED EDUCATION

AAOMS course to focus on research and clinical trial design

The Clinical Trials Methods Course being held April 29 to May 1 in Rosemont, Ill., will provide OMSs – including faculty, residents, fellows and private practitioners – a broad overview of research methodology and clinical trial design.

Topics will include protocol design, hypothesis testing, study design, data collection, statistical analysis and regulatory compliance.

The course will involve lectures and breakout sessions, and participants will design a clinical trial for a preassigned topic under the guidance of course faculty. The designs will include statistical methods, a budget, potential funding sources and a publication plan. At the end of the course, each group will present and defend its study design, and course faculty will evaluate and score each group's study design.

Registration is now open. The registration fee is $100 for AAOMS resident members and $200 for AAOMS fellows and members. More information is available at AAOMS.org/ClinicalTrials.

ADVANCED EDUCATION

New AAOMS conference geared to educators scheduled for May

The inaugural AAOMS Educators Summit for OMS faculty will be held May 2-3 at the OMS Institute for Education and Innovation at AAOMS headquarters in Rosemont, Ill.

The program aims to provide an opportunity for full-time and part-time OMS educators to discuss teaching practices to ensure continuous quality of OMS education and training.

Objectives include:

- Describe best practices in OMS applicant and resident assessment.
- Engage with colleagues on innovation and education in the specialty.
- Explain the culture of research and investigation in an OMS department.
- Identify best practices to expose predoctoral students to the specialty and create meaningful rotations.
- Discover interprofessional relationship-building and networking opportunities.

Sessions also will cover the art of the interview, competency benchmarks, accreditation and diversification, leadership as well as encouragement of research.

Registration is now open. The cost is $200. Additional information is available at AAOMS.org/EduSummit.

CONTINUING EDUCATION

CE deadlines approaching

Attendees of the AAOMS Annual Meeting and Dental Implant Conference can complete session evaluations and claim CDE/CME credit by visiting AAOMS.org/MyCE and logging in using the registration (member) ID and email address.

The deadline to claim Annual Meeting credit is Jan. 31 and March 9 for Dental Implant Conference credit.

ANNUAL MEETING

Photos available for purchase

Photos from the 2019 AAOMS Annual Meeting are now available for purchase on the photographers' website at ThePhotoGroup.com. The access code is AAOMSgallery19. The gallery will close by Sept. 28, 2020.

PRACTICE MANAGEMENT

Courses will assist with practice management, staff development

AAOMS offers a variety of courses every year for OMSs, practice managers and assistants. These are the offerings for 2020:

- **Anesthesia Assistants Review Course (AARC)** – Taught by OMSs, AARC being held Feb. 22 and 23 at the Loews Vanderbilt Hotel in Nashville, Tenn. covers material on basic sciences, patient evaluation and preparation, anesthetic drugs and techniques, monitoring and emergency procedures. OMS assistants who attend will receive 12 hours of CDE credit. This course also will be held in conjunction with the 2020 Dental Implant Conference being held Dec. 4-5 in Chicago, Ill.
- **AAOMS Educational Weekend** – AAOMS will present its annual Educational Weekend featuring three programs on May 2 and 3 at Loews Chicago O'Hare Hotel in Rosemont, Ill.:
  - Assistants will have an opportunity to build their knowledge at the **Advanced Protocols for Medical Emergencies in the Oral and Maxillofacial Surgery Office (APME)**, where they will learn about handling emergencies in the office setting. All assistants in attendance will receive 12 hours CDE credit.
  - The Educational Weekend also will be home May 2 to the **Practice Management Stand-Alone (PMSA)**, where a variety of topics will be covered, including complying with HIPAA, reengaging referral relationships and financing the growth of a practice.
  - The **Beyond the Basics Coding Workshop** will cover OMS-specific procedural coding and coding tips for attaining optimal reimbursement, medical record documentation, state insurance laws as well as audit tips, managed care contract tips, fraud and abuse.
- **Practice Management and Professional Staff Development** – At the 102nd AAOMS Annual Meeting being held Oct. 5-10 in San Antonio, Texas, the Practice Management and Professional Staff Development schedule will offer more than 30 educational courses designed to address the particular needs of OMS practices. Topics will range from emergency preparedness to financial management, infection control, leadership, legal matters, practice building, HIPAA requirements, practice organization and social media.
- **Anesthesia Assistants Skills Lab (AASL)** – In addition to AARC, OMS assistants have the opportunity to attend AASL in San Antonio during the Annual Meeting. This hands-on training is taught by OMSs who will guide participants through stations on airway management, intubation, venipuncture, defibrillation, preparation of emergency drugs and crash cart. Assistants who participate will receive four hours of CDE credit. This course also will be presented in conjunction with the 2020 Dental Implant Conference in Chicago.
- **Dental Anesthesia Assistant National Certification Examination (DAANCE)** – In addition to the scheduled calendar of events, AAOMS offers year-round opportunities for professional staff development. DAANCE is a two-part, self-study CE program exclusive to all dental anesthesia assistants employed by dental specialists holding an anesthesia permit. Registration for this six-month course is available year-round. Successful completion of the comprehensive self-study material and quizzes as well as a standardized computer-based exam earns participants 36 CE credits through AAOMS as an ADA-recognized provider as well as a lapel pin and DAANCE recognition.
- **On-Line Anesthesia Review for Dental Anesthesia Assistants** – This program also is available to assistants year-round and is a condensed version of AARC, offering participants the flexibility to study at their own pace and learn from the comfort of their offices and homes. The review course material includes information on basic sciences, patient evaluation and preparation, anesthetic drugs and techniques, monitoring and emergency procedures.

Participants who successfully complete the course within the required 45-day timeframe receive four hours of CDE credit.

Additional information about Professional Staff Development Courses is available at AAOMS.org/OMSstaff. DAANCE information is available at AAOMS.org/DAANCE. AAOMS's website has information on newly available webinars at AAOMS.org/PMworkshops.

ADVANCED EDUCATION

AAOMS helps with single-, dual-degree applications for ACS fellowship

ACS and AAOMS previously forged a way for single-degree OMSs who meet eligibility criteria to apply for full fellowship to the American College of Surgeons. AAOMS initially reviews OMS applications for eligibility of the waiver of the College's standard application requirements, allowing candidates the opportunity to strengthen their application if necessary.

AAOMS also offers assistance with application review for fellowship to dual-degree OMSs that is similar to the assistance it has offered to single-degree OMSs.

Dual-degree surgeons will still directly apply to ACS. AAOMS provides case log review for dual-degree applicants. Case logs for dual-degree applicants should be sent to acsfellowship@aaoms.org by May 1.

Single-degree OMSs can apply more than once to AAOMS for consideration of the waiver. Single-degree applicants can submit the following materials to acsfellowship@aaoms.org by June 1:

- Current CV.
- Proof of Diplomate status with ABOMS. Applicants must have achieved Diplomate status a minimum of 12 months before the ACS application deadline, which is typically Dec. 31.
- Proof of a DDS or DMD. (A scanned copy is required.)
- Proof of a full and unrestricted dental or medical license in the state of practice.
- Three letters of recommendation from current ACS fellows (who may be OMSs or otherwise). A directory of fellows is at FACS.org.
- Proof of current appointment on the surgical staff of a hospital with privileges as defined by the OMS scope of practice.
- A consecutive 12-month listing of the procedures performed within the previous 24 months as a surgical attending with responsibility for the applicant's portion of the patient's care. The surgical list should meet specific criteria, available at AAOMS.org/member-center/acs-fellowship#criteria. The committee will assess for an appropriate volume and combination of cases.

Applicants should note whether they are single- or dual-degree. Acceptance of a waiver does not guarantee fellowship in ACS. For more information about the waiver application, contact acsfellowship@aaoms.org. Applicants are asked to not directly contact ACS about the preliminary application.

Visit FACS.org/member-services/join/fellows for additional information. Additional information about AAOMS review is at AAOMS.org/member-center/ACS-fellowship.

CONTINUING EDUCATION

Free CE on Demand course offered

A complimentary CE on Demand course is available. Preventive Analgesia in Oral and Maxillofacial Surgery: Concepts and Applications discusses concepts and advantages of perioperative, preventative analgesia to daily practice. The course also recognizes challenges in achieving analgesia in patients with chronic pain. The speaker is Ruba N. Khader, BDS, of The Medical College of Wisconsin. Visit AAOMS.org/CEonDemand.

MEMBERSHIP

Members asked to update profiles

The AAOMS membership database is as accurate as the information provided by its members.

Members are asked to log in and review their profile on AAOMS.org to ensure their contact information, office information and degrees are correct, and they are included in the appropriate directories on MyOMS.org (public-facing) and AAOMS.org (members-only).

If members have any changes in personal education, they should email membership@aaoms.org with the type of degree, institution attended and completion year, and that information will be added to their profile.

MEMBERSHIP

Office Anesthesia Evaluation recertification due for some members

Office Anesthesia Evaluation (OAE) recertification is now due for current members and fellows who last completed an OAE or exemption form in 2014 (or 2013 in New Jersey and Delaware).

Members of a state OMS society should contact the state society to schedule an evaluation. Those grandfathered from state society membership who the OMS state society is unable to evaluate should contact the AAOMS Department of Professional Affairs for assistance.

Members whose AAOMS records show as due for evaluation were sent correspondence late last year. This correspondence included information regarding exemption from the requirement. Note: Eligibility for exemption, including reconfirmation of faculty-only status, must be reconfirmed every five years in accordance with the AAOMS OAE Program.

Confirmations of successful completion of the re-evaluation are due to AAOMS Membership Services no later than July 31, 2020. Noncompliance with the OAE Program will result in discontinuation of AAOMS membership.

Questions regarding membership status should be referred to AAOMS Membership Services at membership@aaoms.org or by calling 800-822-6637.

OMSQOR

Practices encouraged to participate in AAOMS national data registry

AAOMS has launched a national registry that collects aggregate and de-identified data from participating members to help enable the Association to better advocate for the specialty, conduct research and aid members in improving quality of care and patient outcomes.

Through the OMS Quality Outcomes Registry – OMSQOR® – participating members will be able to access reports on their patient population, benchmark their performance against their peers and identify potential gaps in care.

In addition, OMSQOR will aid federal and state advocacy efforts that could protect the delivery of anesthesia and the OMS team model, seek fair and equitable reimbursement for services and identify common diagnoses for specific bundled procedures. The success of OMSQOR will be determined by the number of OMSs who participate and the quality of data captured within each practice's electronic health record system.

Active U.S. AAOMS members can learn more at AAOMS.org/OMSQOR. Members might need to contact their EHR vendor to request access to their data for the registry.

Questions about member login can be directed to the AAOMS membership department at membership@aaoms.org or 800-822-6637. General questions about OMSQOR can be emailed to omsqor@aaoms.org.

A component of OMSQOR is the Dental Anesthesia Incident Reporting System (DAIRS), which collects and analyzes anesthesia incidents – such as laryngospasms, cardiac events, equipment failures and drug interactions – in order to improve the quality of anesthesia care. Submissions to DAIRS are converted into aggregate, de-identified data, which can be used for research and education on patient safety and anesthesia delivery.

Incidents can be submitted at OMSQOR.AAOMS.org/DAIRS. For more information, contact dairs@aaoms.org.

MEMBERSHIP

Senior residents can save by joining before completing residency program

AAOMS encourages those whose resident membership expires later this year to begin the membership application process now to become a candidate for active membership to take advantage of the full array of AAOMS membership benefits and services.

Member benefits include:

- Discounted registration for OMS-specific CE opportunities, including the AAOMS Annual Meeting, Dental Implant Conference, National Simulation Program modules, online CE on Demand as well as practice management and clinical webinars. Those elected to membership receive one free Annual Meeting registration.
- Discounts on patient education, practice management, clinical resources and other publications developed especially for OMSs and their office staff.
- Assistance with coding and reimbursement, practice management, governmental affairs as well as and anesthesia and credentialing matters.
- A complimentary directory listing in the consumer-facing website MyOMS.org and the AAOMS.org Membership Directory for up to four practice locations.
- Discounted subscription to *JOMS*.
- Receipt of *AAOMS Today*, an important information resource on all Association activities.
- Access to the AAOMS CareerLine and *AAOMS Today* classifieds for employment, fellowships and sale of practice opportunities.
- Eligibility to participate in programs sponsored by AAOMS Services, Inc.
- Eligibility for malpractice insurance coverage through OMSNIC, where members are shareholders as well as policyholders.

Low rates through 2023

Those who apply for AAOMS candidate status before completing their training will have their first year of dues waived. In addition to more savings and membership benefits at no charge through the end of 2021, the following years' dues are discounted as well. In 2022, one-third of the full dues level established for AAOMS members will be charged and, in 2023, two-thirds of the full dues level will be billed. The full member rate will not have to be paid until 2024.

Save more with fellowship program

Those entering a fellowship program post-residency are encouraged to apply for candidacy now. To ensure the dues discount, a fellowship letter (with dates of duration) should be forwarded when submitting the application for candidacy to membership@aaoms.org. By applying now, the dues discount will be extended through the fellowship year(s). Fees will not have to be paid until the next dues cycle following the end of the program.

Practicing outside the United States

OMSs practicing outside the United States do not qualify for the graduated dues discount. However, they can apply for affiliate candidate status, which has substantially reduced annual membership fees, at AAOMS.org/affiliate.

To apply

The application process is available at AAOMS.org/apply. Membership Services can be contacted via email at membership@aaoms.org or toll-free at 800-822-6637 for more information.

COMMUNICATIONS

Former athletes requested

AAOMS Today is looking for OMSs who are former professional athletes for a potential story. Those interested in being featured can email strotto@aaoms.org.

COMMUNICATIONS

Magazine requests patient cases

Members are asked to share their stories about interesting patient cases for a future article in the member magazine, *AAOMS Today*. OMS members can email a story idea to strotto@aaoms.org.

ADVANCED EDUCATION

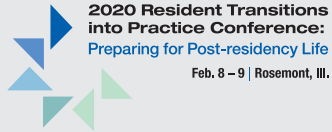
Residents can prepare for post-residency life through conference

The 2020 Resident Transitions into Practice Conference: Preparing for Post-residency Life will provide residents with essential non-clinical information to help with the transition to practice.

This residents-only event will be held Feb. 8-9 at Hilton Rosemont/Chicago O'Hare in Rosemont, Ill.

Topics will include:

- Leadership, practice models and early-career prep
- Understanding contract negotiation
- Coding and billing



The conference includes a reception and exhibits at AAOMS headquarters the evening of Feb. 8.

More information is at AAOMS.org/Transitions.

MEMBERSHIP

Networking for members available through AAOMS Connect

AAOMS Connect – an online community for AAOMS members – features a discussion forum, private messaging and more. AAOMS Connect is a resource to network with colleagues or become involved in Clinical and Special Interest Groups (CIGs and SIGs) beyond the AAOMS Annual Meeting.

To access AAOMS Connect, log in to AAOMS.org, click on AAOMS Connect under Member Center and click Join Group to request access to the CIGs.

To participate in a discussion, click Forum on the top-most navigation bar. In each CIG/SIG thread, the corresponding officers and liaisons are listed. Three CIGs and SIGs were added in 2019: the CIG on Global Surgery and SIGs on Pre-Doctoral Education and Allied Staff.

Additional information is available at AAOMS.org/Communities. An Online Communities Training Guide is available at Community.AAOMS.org/Dashboard. Questions? Contact conteducate@aaoms.org.

MEMBERSHIP

Members to be honored

Every year, AAOMS honors fellows and members for their outstanding accomplishments in research, education, humanitarianism and other areas.

Members are encouraged to consider nominating colleagues for these accolades. The deadline for nominations each year is Jan. 31.

Additional information on submitting a nomination is available at AAOMS.org/Awards.

CONTINUING EDUCATION

Latest OMSKU bundle available

The OMSKU V Winter Bundle includes chapters on anesthesia, patient assessment, head and neck infection as well as pathology. Offering up to 40 CDE/CME credits, the bundle can be previewed and purchased at Pathlms.org/AAOMS.

Dr. Schmidt's research garners grant

Dr. Schmidt

Brian Schmidt, DDS, MD, PhD, is among researchers at New York University Oral Cancer Center who have received a $2.5 million grant from the National Cancer Institute to research the relationship of artemin to oral cancer growth and pain.

Dr. Schmidt and Donna Albertson, PhD, have studied oral cancer pain at the molecular level in an effort to ease pain through advanced pharmacologic therapy. The researchers aim to enhance oral cancer treatment and lessen pain through targeting overexpressed cancer mediators, finding a strong correlation between artemin levels and pain, according to a school news release.

Dr. Schmidt is professor of oral and maxillofacial surgery at NYU College of Dentistry and director of the NYU Oral Cancer Center.

Dr. Quinn enters new role at Penn

Dr. Quinn

Peter D. Quinn, DMD, MD, has been appointed Chief Physician Executive of the Penn Medicine Medical Group, overseeing approximately 9,000 physicians and advanced practitioners at Penn's six acute care hospitals.

Dr. Quinn served as Vice Dean for Clinical Services at the University of Pennsylvania Perelman School of Medicine and Senior Vice President of Penn's Health System for the last decade. He continues to serve as the Schoenleber Professor of Oral and Maxillofacial Surgery at the University of Pennsylvania School of Dental Medicine.

Dr. Maron joins Georgia Board of Dentistry

Glenn Maron, DDS, has been appointed to the Georgia Board of Dentistry. He is chief of the OMS section at Children's Healthcare Atlanta Scottish Rite hospital and clinical assistant professor in the Department of Surgery in the OMS section at Emory University, Grady Memorial Hospital and Emory University Hospital Midtown.

Dr. Maron

Dr. Maron has treated athletes with the Atlanta Falcons and Atlanta Braves and served as an OMS for the 1996 Olympics in Atlanta. He also is an ABOMS examiner.

Dr. Laskin earns lifetime achievement award

Dr. Laskin

Daniel M. Laskin, DDS, MS, has received the Lifetime Achievement Award from the Israeli Dental Association for his longstanding contributions to the specialty and his support for the profession in Israel. He received the award during the association's 100th anniversary celebration at its National Scientific Conference in Tel Aviv.

Dr. Laskin, AAOMS President in 1976-77, is the longest-serving editor of a dental association newsletter as editor of *AAOMS Today* and its predecessor publications since 1966.

Dr. Spina honored by dental society

Dr. Spina

Anthony M. Spina, DDS, MD, has been named Arcolian of the Year by the Arcolian Dental Arts Society, an organization of dental specialists and dentists that provides continuing education, networking and scholarships while celebrating their Italian-American heritage.

Dr. Spina has served on AAOMS committees, OMS Foundation and OMSNIC boards as well as in leadership roles with the Illinois Board of Dentistry and the North East Regional Board of Dental Examiners. He was the 2013 AAOMS Committee Person of the Year and received the Foundation's 2018 Torch Award and 2010 Ambassador Award. An AAOMS Delegate, Dr. Spina practices in Park Ridge, Ill.

To submit member news, email strotto@aaoms.org.

CALENDAR

AAOMS Opportunities

2020

Feb. 8–9

Resident Transitions into Practice Conference
Hilton Rosemont/Chicago O'Hare in Rosemont, Ill.

Feb. 22–23

Anesthesia Assistants Review Course
Loews Vanderbilt Hotel in Nashville, Tenn.

March 6–8

Principles of Head and Neck Oncology for the OMS
AAOMS headquarters in Rosemont, Ill.

March 24–25

Day on the Hill
Renaissance Washington, D.C. Downtown Hotel in Washington, D.C.

April 29–May 1

Clinical Trials Methods Course
AAOMS headquarters in Rosemont, Ill.

May 2–3

Educators Summit
AAOMS headquarters in Rosemont, Ill.

May 2–3

AAOMS Educational Weekend

- **Advanced Protocols for Medical Emergencies in the Oral and Maxillofacial Surgery Office**
- **Practice Management Stand-Alone**
- **Beyond the Basics Coding Workshop**

Loews Chicago O'Hare Hotel in Rosemont, Ill.

Oct. 5–10

102nd Annual Meeting, Scientific Sessions and Exhibition
Henry B. Gonzalez Convention Center in San Antonio, Texas

Regional & State Society Meetings

2020

Feb. 28–March 1

Virginia Society of OMS Annual Meeting
Hilton Richmond Short Pump Hotel and Spa in Richmond, Va.

March 22

New York Society of OMS Annual Meeting
Weill Cornell Medical College in New York, N.Y.

March 27–28

Louisiana Society of OMS Pearls IX
(with the Jack Kent OMS Foundation and the LSU OMS Alumni Association)
New Orleans Marriott in New Orleans, La.

April 4

Wisconsin Society of OMS Annual Session
The Charmant Hotel and The Waterfront Restaurant and Tavern in La Crosse, Wis.

April 16–19

Southwestern Society of OMS Annual Meeting
The Broadmoor in Colorado Springs, Colo.

April 21–26

Southeastern Society of OMS Annual Meeting
Casa Marina in Key West, Fla.

April 24–25

- April 24: **Ohio Society of OMS Council Meeting**
- April 25: **OSOMS Annual Scientific Conference**

Renaissance Columbus Westerville-Polaris Hotel in Westerville, Ohio

April 24–25

Houston Society of OMS Edward C. Hinds Symposium
Houstonian Hotel in Houston, Texas

April 29

Mid-Atlantic Society of OMS Spring Meeting
Turf Valley Resort in Ellicott City, Md.

New Edition!

Oral and maxillofacial surgeons: The experts in face, mouth and jaw surgery®

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The web-based version of the popular *Office Anesthesia Evaluation Manual,* 9th Edition, combines the essential manual with nearly a full hour of demonstration videos, featuring:

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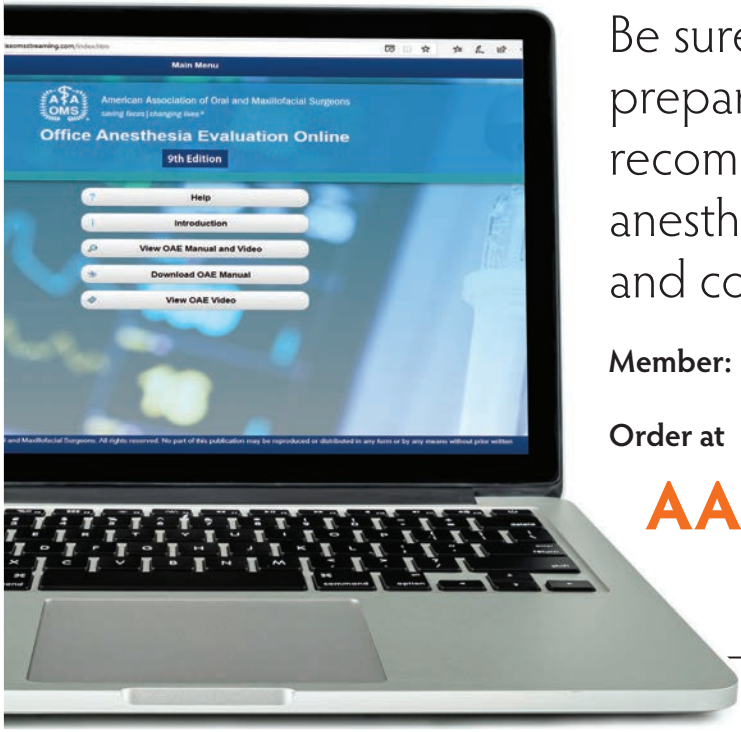

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Faculty Positions

Nebraska

The University of Nebraska Medical Center in Omaha is currently seeking an oral and maxillofacial surgeon and invites applications. As a full-time faculty member, the successful applicant will provide clinical care to patients and actively engage in teaching residents in academic and clinical settings in a 72-month, fully accredited OMFS residency program. The faculty member will join the medical staff of Nebraska Medicine, the only nationally certified Level I trauma center in Nebraska serving both children and adults. For more information and to apply, visit UNMC.peopleadmin.com/postings/42724.

New York

The Lincoln Medical and Mental Health Center, Department of Oral and Maxillofacial Surgery, is seeking a qualified ABOMS-certified/-eligible with a DDS/DMD and optional MD. The candidate must have expertise in maxillofacial trauma management and the full-scope OMS. Additional duties include resident education (giving lectures, supervision during operating room and clinic procedures, take on-call), some predoctoral teaching/supervision and scholarly activity and other duties within the scope of an OMS attending. This is a full-time/part-time faculty position. The candidate must be eligible for licensure in N.Y. Salary is commensurate with experience. This opportunity is available immediately. Interviews will be conducted as applications are received. The position will be filled when a suitable candidate is identified. Please call 718-579-5957 or email Rawle.Philbert@nychhc.org.

New York (Buffalo)

The University of Buffalo invites applications for a full-time faculty position in the Department of Oral and Maxillofacial Surgery. Academic rank and salary will be commensurate with qualifications and experience. Both tenure and non-tenure positions available. Major responsibilities include patient care, resident teaching and research. This position is both clinical and academic, and the candidate should have an interest in building and fostering a practice and conducting research in Head and Neck Oncologic and Microvascular Reconstructive Surgery. Candidates must have a DDS or DMD degree and completed a CODA-accredited residency program and be eligible for licensure in New York. Candidates must have fellowship training in Head and Neck Oncologic and Microvascular Reconstructive Surgery. Candidates must be ABOMS-eligible or -qualified. Applications are currently accepted online at Posting #F1900120 Clinical-Track http://www.UBjobs.buffalo.edu/postings/21459 and Posting #F1900124 Tenure-Track http://www.UBjobs.buffalo.edu/postings/21463. The University at Buffalo is an affirmative action/equal opportunity employer and, in keeping with our commitment, welcomes all to apply including veterans and individuals with disabilities. Direct inquiries to Michael R. Markiewicz, DDS, MD, MPH, FACS, Professor and Chair, Department of Oral and Maxillofacial Surgery, email address: mrm25@buffalo.edu.

New York (Buffalo)

The University of Buffalo is accepting applications for a full-time faculty position in the Department of Oral and Maxillofacial Surgery. Academic rank and salary will be commensurate with qualifications and experience. Both tenure and non-tenure positions available. Major responsibilities include patient care, resident teaching and research. This position is clinical and academic and the candidate should have an interest in major oral and maxillofacial surgery. Candidates must have a DDS or DMD degree, completed a CODA-accredited residency program and be eligible for licensure in New York. Candidates must be ABOMS-eligible or qualified. Fellowship training is encouraged and strong interest in orthognathic trauma, obstructive sleep apnea, TMJ reconstruction and complex dental implants is preferred. Applications are currently accepted online at Posting F1900123 Clinical-Track http://www.ubjobs.buffalo.edu/postings/21456 and Posting F1900122 Tenure-Track http://www.ubjobs.buffalo.edu/postings/21454. The University at Buffalo is an affirmative action/equal opportunity employer and, in keeping with our commitment, welcomes all to apply including veterans and individuals with disabilities. Direct inquiries to Michael R. Markiewicz, DDS, MD, MPH, FACS, Professor and Chair, Department of Oral and Maxillofacial Surgery, email address: mrm25@buffalo.edu.

Pennsylvania

The University of Pittsburgh School of Dental Medicine (UPSDM) is accepting applications for a full-time faculty member in the Department of Oral and Maxillofacial Surgery (OMS). The faculty position is in the non-tenured stream, and the faculty member's rank may be assistant professor, associate professor or professor, depending on experience and qualifications. The primary responsibilities will include didactic and clinical instruction of students and residents, scholarly activities and service. Participation in the faculty practice is also expected. We are seeking an outstanding individual with excellent leadership skills to contribute to all aspects of our clinical practice, our educational programs and the research impact of our institution. The candidate must have a DDS or DMD degree and be eligible for board certification or be board-certified by the American Board of Oral and Maxillofacial Surgery. The candidate must possess or be able to obtain an appropriate license for clinical practice in the Commonwealth of Pennsylvania, have a developed or have a developing area of clinical excellence and have mentoring experience. Favorable consideration will be given to those with additional training credentials such as an MD, PhD, fellowship qualification or other advanced degrees. Salary will be commensurate with the candidate's qualifications, experience and credentials. Desirable candidates will have substantial experience in the research environment, unique clinical talents and strong mentoring skills. Application reviews will continue until the position is filled. The University of Pittsburgh is a top-tier public research institution and is currently ranked 5th among United States universities in NIH funding. The UPSDM is also ranked 6th in NIDCR funding among U.S. dental schools. The UPSDM is located on the university's main campus in Pittsburgh, contiguous with the other five health science schools. The Department of OMS works as a key partner within the School of Dental Medicine and the University of Pittsburgh Medical Center (UPMC). UPMC is an internationally renowned academic medical center and healthcare enterprise. The robust infrastructure supports clinicians and educators with innovative clinical programs, biomedical research and health sciences research, enabling discoveries that save lives and change the landscape of patient care. As part of the faculty of the University of Pittsburgh and as an attending at UPMC, the surgeon will have the opportunity to collaborate with clinicians, innovators and investigators from around the world, becoming part of a vibrant community of healthcare providers dedicated to making a difference in their chosen field – and in the lives of others. The Department of OMS is fortunate to be situated in this dynamic and innovative environment, where researchers and providers collaborate with the desire to affect the development of transformative scientific discovery, leading to significant clinical improvements for our patients. We invite all interested candidates to send their curriculum vitae and letter of interest to: Dr. Larry L. Cunningham Jr.; Professor and Chair, Department of Oral and Maxillofacial Surgery; University of Pittsburgh School of Dental Medicine; 3501 Terrace Street, Room 427 Salk Hall, Pittsburgh, PA 15261; Tel: (412)648-6201 email: lac229@pitt.edu. The University of Pittsburgh is an Affirmative Action, Equal Opportunity Employer and values equality of opportunity, human dignity and diversity. EEO/AA/M/F/Vets/Disabled.

South Carolina

The Medical University of South Carolina (MUSC) James B. Edwards College of Dental Medicine in Charleston, S.C., is currently seeking outstanding applicants for a full-time position at the rank of assistant/associate professor for the Department of Oral and Maxillofacial Surgery. This position entails responsibilities in both predoctoral and postdoctoral programs of the department. Responsibilities include didactic/clinical teaching and supervision of residents in the oral and maxillofacial surgery program, providing direct patient care as part of the faculty practice, including on-call coverage, participation in research programs and other collaborative activities within the MUSC community. Requires a DDS/DMD degree from a CODA-accredited, U.S. or Canadian dental school, completion of a CODA-approved oral and maxillofacial surgery residency program,

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Reply to a classified box ad in the following manner:
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Rosemont, IL 60018-5701

Faculty Positions

continued from previous page

board certification or active candidacy for board certification, eligibility for an S.C. dental license and post-offer health assessment. This position offers the opportunity to develop a diverse and challenging academic oral and maxillofacial surgery curriculum, mentor residents and dental students and participate in professional collaboration and leadership development activities. Candidate needs to possess excellent interpersonal and communication skills in order to relate to groups at all levels within the organization, including office staff, faculty, senior leadership; must display initiative, a positive attitude, flexibility and commitment to department goals and objectives; must be committed to the highest standards of ethical and professional conduct. Salary and academic rank will be commensurate with qualifications and experience. Open until filled. MUSC is an equal opportunity employer and encourages applications from minorities and women. Applicants should apply online through human resources: www.MUSC.edu/HR.

Tennessee

The University of Tennessee Graduate School of Medicine in Knoxville is seeking applications for a full-time faculty position in the Department of Oral and Maxillofacial Surgery. Responsibilities include didactic education and clinical teaching of residents, patient care and research. Academic rank will be commensurate with qualifications and experience. A competitive reimbursement and benefits package exists for this position. The candidate should have an interest in major oral and maxillofacial surgery with a particular focus in trauma management with the intention of directing clinical and research activities in oral and maxillofacial trauma management within the department/academic medical center. The University of Tennessee Medical Center is a tertiary care academic medical center with a Level I trauma center. Candidates must be eligible to acquire a license to practice dentistry and/or medicine in the state of Tennessee. Individuals interested in this career opportunity should submit curriculum vitae and three letters of recommendation to: ut.taleo.net/careersection/uthsc_faculty/jobsearch.ftl. The University of Tennessee Medical Center is an equal opportunity/affirmative action employer and encourages women and minorities to apply.

Texas

The Office of the Dean, Texas A&M University College of Dentistry, invites applications to fill one full-time position as Department Head, Department of Oral & Maxillofacial Surgery, with a 12-month academic appointment beginning in the Spring of 2020. Applicants will be considered for the titles of Tenured Associate Professor and Tenured Professor. Salary, rank and startup package will be commensurate with experience. Oral and maxillofacial surgeons are trained to recognize and treat a wide spectrum of diseases, injuries and defects in the head, neck, face, jaws and the hard and soft tissues of the oral and maxillofacial region. They are also trained to administer anesthesia and provide care in an office setting. They treat problems such as the extraction of wisdom teeth, misaligned jaws, tumors and cysts of the jaw and mouth and perform dental implant surgery. Oral and maxillofacial surgery is a surgical specialty recognized by the American College of Surgeons and is one of nine dental specialties recognized by the American Dental Association. Following dental school, specialty training is completed in 4 years for a certificate or 6 years with an associated medical degree. The successful candidate will be expected to oversee the administration of the faculty and staff for the undergraduate and graduate programs in Oral and Maxillofacial Surgery; the administration of, and participation in, clinical activities including intramural private practice and expansion of the research initiatives in the field of Oral and Maxillofacial Surgery. Additionally, the candidate will continue to grow the already active clinical services at the College of Dentistry, Baylor University Medical Center, and other affiliated hospitals. The candidate should have a proven record of business acumen, strong communication skills, negotiation, team building and a willingness to foster regional and national relationships. The department sponsors predoctoral, active residency and post-graduate training programs in Oral and Maxillofacial Surgery. The Department Head is expected to be actively involved in the educational programs, development and research efforts to support the department. Texas A&M University College of Dentistry is a component of the Texas A&M Health Science Center within Texas A&M University. It is located in Dallas, Texas, within a new College of Dentistry Clinical Building and the Baylor University Medical Center, a Level I trauma center, which is part of Baylor Scott & White Health, comprising a not-for-profit hospital with 1,025 licensed beds. Texas A&M University College of Dentistry is an Affirmative Action/Equal Opportunity employer. Qualifications: The position requires a DDS/DMD degree, an associated MD is preferred and be a graduate of a CODA-accredited training program in oral and maxillofacial surgery with board certification and eligibility for licensure in Texas. Successful candidates will have a track record of national and/or international leadership, clinical practice and related scholarly achievement. Application Instructions: Interested candidates should submit a current CV, a letter of intent, which includes a vision statement for the department, and letters of recommendation from three references (including postal addresses, phone numbers and email addresses), by applying for this specific position to apply.interfolio.com/69221. Applications will only be accepted through Interfolio. You will need to create an Interfolio account when applying to this position. Please be sure all information is entered completely and accurately (especially names and addresses). All files must be in Adobe PDF format. Files in another electronic format (e.g., MS Word) should be saved or printed to PDF format before uploading. Initial review deadline for receipt of complete applications is Jan. 2, 2020. Please contact Alton G. McWhorter, DDS, at amcwhorter@tamu.edu if you have questions specific to the position. All final candidates will be required to successfully pass a criminal background check prior to beginning employment. Equal Employment Opportunity Statement: Texas A&M University is committed to enriching the learning and working environment for all visitors, students, faculty and staff by promoting a culture that embraces inclusion, diversity, equity and accountability. Diverse perspectives, talents and identities are vital to accomplishing our mission and living our core values. Equal Opportunity/Affirmative Action/Veterans/Disability Employer committed to diversity.

Texas

UT Health San Antonio Department of Oral and Maxillofacial Surgery is seeking applications for a full-time, faculty position at the Assistant Professor/Clinical level. The duties of the faculty member will include participation in patient care, teaching and research. Candidates with interest and fellowship training in dental implant and fluent in Spanish are preferred. Applicants with scholarly and research interests are encouraged. Applicants for the position should have a Dental Degree recognized by the Commission on Dental Accreditation of the American Dental Association or equivalent foreign BDS or DDS training and must have successfully completed advanced training in Oral and Maxillofacial Surgery at an institution accredited by the Commission on Dental Accreditation. Applicants must be eligible for dental licensing in the state of Texas. All faculty participate in and receive salary augmentation through the Dental School's faculty practice plan. Applicants should apply on the UT Health San Antonio Careers page located at https://uthscsa.referrals.selectminds.com/faculty. Please create a profile and submit your application. Applicants for the position are welcome to call 210-450-3112 or 3131 if they have further questions. Formal applications should include a narrative statement of interests, Curriculum Vitae, and three letters of reference. The University of Texas Health Science Center at San Antonio is an Equal Employment Opportunity/Affirmative Action Employer including protected veterans and individuals with disabilities. All faculty appointments are designated as security sensitive positions.

Washington

The Department of Oral and Maxillofacial Surgery (OMS) at the University of Washington seeks a full-time faculty member at the rank of clinical assistant or associate professor, salaried (non-tenure) who can engage productively in clinical activities as part of the faculty practice and contribute to the Department's research mission. The ideal candidate will practice the full scope of oral and maxillofacial surgery, a niche clinical interest, e.g., trauma, microvascular reconstruction, orthognathic or TMJ.

Interested, qualified applicants should submit a personal statement along with a CV, the names and addresses of three references to Ms. Bridget Doyle (badw@uw.edu). For questions, please contact Dr. Dodson, Professor and Chair, Department of Oral and Maxillofacial Surgery, email address: tbdodson@uw.edu.

Fellowships CODA

California

The San Diego Center for Oral and Maxillofacial Surgery is offering a one- or two-year fellowship in maxillofacial surgery. The practice participates in full-scope oral and maxillofacial surgery, which includes a very busy implant practice, orthognathic surgery, reconstructive surgery, ablative surgery for tumors, cosmetic surgery as well as dental alveolar. The candidate would participate in the Craniofacial Center at Children's Hospital and be a participant in Tumor Board. Candidates should be dual-degree and have a California medical or dental license. Please reply to patty@sandiegooms.com.

Michigan

The University of Michigan is offering a one-year fellowship for recent OMS graduates. The fellowship is sponsored by the section of Oral and Maxillofacial Surgery and will provide extensive experience in major operative room cases including orthognathic, TMJ, trauma and pediatric surgery. The fellowship aims to enhance skills in diagnosis and treatment for dentofacial disorders, obstructive sleep apnea, salivary gland disorders, minimally invasive TMJ surgery, autogenous and alloplastic TMJ total joint replacement, maxillofacial pathology, as well as cleft and craniofacial disorders. The fellow will gain extensive experience in the use and application of new technologies such as virtual planning, custom implants and surgical navigation. In addition, the fellow will participate in collaborative team-based care in the management of obstructive sleep apnea, juvenile idiopathic arthritis affecting the TMJ, and orofacial cleft conditions. The fellow will have the opportunity to participate in clinical research and publication of papers. Applicants must be eligible for a Michigan state dental license. Please submit a letter of interest and curriculum vitae to Sharon Aronovich [saronovi@med.umich.edu] or Sean P. Edwards [seanedwa@med.umich.edu].

Fellowships Non-CODA Accredited

California

UCSF-Fresno Department of OMFS offers a 24-month fellowship in Head and Neck Oncology and Microvascular Reconstruction. There is one fellow per year. Activities include malignant and benign tumor surgery – neck dissections, glossectomy, mandibulectomy, maxillectomy, orbital exenteration, etc.; TORS and skull base surgery; tracheostomies; microvascular free flaps, pedicled and other flaps. Radiation and medical oncology rotations. The fellow will act in a teaching capacity, supervising residents at times. The fellow will have involvement in sleep apnea cases. Research: complete two papers related to cancer and reconstruction. Applicants please email Breana Dennie, bdennie@fresno.ucsf.edu. Include CV, photo, two letters of recommendation and a letter describing intentions/plans after fellowship. For additional questions, email Brian Woo at bwoo@communitymedical.org.

Florida

A fellowship in cleft and craniofacial surgery is available at the Florida Craniofacial Institute. We are now taking applications for July 2021 positions. This one-year fellowship is in a private practice environment in Tampa, Fla., and the focus is congenital craniofacial anomalies. The primary goal of the practice's cleft lip/palate and craniofacial fellowship is to educate and provide additional surgical training in the management and treatment of patients with craniofacial and/or facial differences. The fellow will work in conjunction with the cleft lip/ palate and craniofacial team and will gain comprehensive experience and instruction in team-focused treatment. For information on the Florida Craniofacial Institute, visit www.FLcranio.com. Please email CV to admin@flcranio.com.

Missouri (St. Louis)

2020-21 oral and maxillofacial fellowship. Sponsored by The Oral Facial Surgery Institute (www.ofsinstitute.com) and accredited by The Department of Graduate Medical Education at Mercy. This advanced accredited opportunity is a year of hospital-based oral and maxillofacial surgery centered at Mercy, a Level I trauma center in suburban St. Louis. This intensive fellowship program will focus on facial cosmetic, reconstructive, orthognathic, and TMJ surgery, facial trauma and complex dental implantology. Candidates must have completed an approved OMS residency. Missouri dental and/or medical licensure is required. Salary, benefits and continuing education allowance are included. Please address curriculum vitae and letters of interest to: Dr. Michael W. Noble, chairman and director of oral and maxillofacial surgery, Attention: Scott E. Graham, MHA, FACMPE, FAADOM, Chief Operating Officer, 621 South New Ballas Road, Suite 16A, St. Louis, MO 63141, phone 314-251-6725, fax 314-2516726, email scott@ofsinstitute.com or visit our website at www.ofsinstitute.com.

Nationwide

Want a career in cosmetic surgery? Get trained by the best. The American Academy of Cosmetic Surgery certified Facial and General Cosmetic Surgery Fellowships offer one-year, post-residency, hands-on training. Limited slots across the US. Must have completed a surgical residency in ACGME, AOA-BOS, Royal College of Physicians/ Surgeons of Canada, or ADA program. Apply at cosmeticsurgery.org or 312-265-3735.

New York (New York City metro area)

Full-time position for person seeking to build an academic OMFS career in a hospital-based university sponsored residency program environment. Excellent compensation package (competitive academic salary + benefits). Faculty Practice opportunities. Requirements: ABOMS Certification. Reply to AAOMS Classified Box A-0926.

North Carolina

The Craniomaxillofacial Trauma and Reconstructive Surgery Fellowship at Duke University offers a one- to two-year clinical and research experience in complex craniomaxillofacial reconstructive surgery for fully trained craniomaxillofacial surgeons who desire to be academic leaders in craniomaxillofacial traumatology. The training program is based in the Duke University Department of Surgery's Division of Plastic, Maxillofacial, and Oral Surgery. The fellowship offers a broad-based experience in craniomaxillofacial surgical traumatology and facial reconstructive surgery at the world-renowned Duke University Medical Center. The focus of the fellowship will be on the utilization of advanced surgical techniques for comprehensive craniomaxillofacial reconstruction, including intraoperative computer navigation, patient specific implant fabrication and complex facial reconstructive surgery after traumatic injury or pathologic resection. For more information, contact colleen.mcdowell@duke.edu.

North Carolina

The fellowship will provide extensive exposure and advanced clinical training for oral and maxillofacial surgeons in orthognathic surgery, temporomandibular joint surgery and complex implant reconstruction. The clinicians completing the fellowship throughout its 12-year history have subsequently applied their experience to

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Rosemont, IL 60018-5701

Fellowships Non-CODA Accredited *continued from previous page*

both academic and private practice settings. A substantial stipend is offered. The OMS selected for this position must be able to obtain either an unrestricted North Carolina dental license or North Carolina medical license, obtain hospital privileges and be available from July 1, 2021, through June 30, 2022. The candidate will have extensive exposure to consultations, diagnosis, interdisciplinary treatment planning, treatment and postoperative management of a wide array of patients. It is expected that the candidate will be involved with several hundred major surgical cases. Carolinas Center for Oral and Facial Surgery (CCOFS) is located in Charlotte, N.C. CCOFS is a 14-surgeon practice with six offices in N.C. and four in S.C., with most possessing OR facilities and accredited by the AAAHC. The surgeons are well-known locally and nationally in the OMS specialty. To apply, an application must be completed and returned by Aug. 31 of each year. The selection will be made on Dec. 31 of each year in order to allow time for licensure. Interested candidates can email dketola@mycenters.com for an application. For more information on the practice, log on to www.mycenters.com.

Oregon

The Head and Neck Institute (HNI) is offering a 12-month fellowship in Advanced Craniomaxillofacial and Trauma Surgery (ACMF-Trauma). This fellowship is based at Legacy Emanuel Medical Center (LEMC) in Portland, Ore. The fellowship covers advanced training in head and neck surgery, maxillofacial trauma and airway management. It also includes experience in sleep surgery (upper airway stimulation) and craniofacial surgery. The faculty includes Eric Dierks, DMD, MD, FACS; Bryan Bell, DDS, MD, FACS; Allen Cheng, DDS, MD, FACS; Ashish Patel, DDS, MD, FACS; Caitlin McGraw, DDS, MD; and Baber Khatib DDS, MD. Please contact us directly for more detailed information about the program. Information about our practice and fellowship program can also be found at www.head-neck.com. Please email us at chenga@head-neck.com.

Texas

Postgraduate fellowship in orthognathic and TMJ surgery offered to recent graduate from accredited OMS program. Expand your skills while working with an accomplished surgeon. Exposure to all aspects of OMS practice is included. All applicants must be eligible to receive a Texas dental license. Contact Dr. Sinn at 817-225-3223 or email dpsinnoms@gmail.com.

West Virginia

Charleston Area Medical Center, Department of Surgery is pleased to offer a one-year post-residency fellowship in Pediatric Cleft & Craniomaxillofacial Surgery available July 1, 2021, to June 30, 2022. The position involves surgical and multi-disciplinary management of children with congenital and acquired deformities. This includes primary participation in management, craniomaxillofacial trauma and reconstruction, orthognathic surgery, pathology, pediatric otolaryngology surgery and other related pediatric treatments. The fellowship is funded at the PGY sixth or seventh year and has an attractive benefits package including assistance with housing. Send inquiries to Paul Kloostra, DDS, MD, Director, CAMC Cleft and Craniofacial Center, 830 Pennsylvania Ave., Suite 302, Charleston, WV 25302; email paul.kloostra@camc.org and natalie.sims@camc.org; fax 304-388-2951.

Available Positions

Arizona

Well-established, busy oral and maxillofacial surgery multi-office practice seeking associate in Tucson area. Board-eligible/-certified position available for partnership. New state-of-the-art facilities and equipment. Emphasis on referral compatibility and quality care. Send CV to AAOMS Box A-042519.

Arizona

Well-established, well-respected, busy oral and maxillofacial surgery practice located in the greater Phoenix area seeks a surgeon who is board-certified or board-eligible for association leading to full partnership/ownership. Practice emphasis in dentoalveolar, implants, pathology, orthognathic and trauma. State-of-the-art facility and equipment. Candidate should be energetic, motivated and passionate. Excellent clinical/surgical skills are important with an emphasis on providing compassionate patient care. Send CV to mdallard2017@gmail.com.

Arizona

Busy, highly profitable OMFS practice in Intermountain West seeking associate to start as soon as possible. Well-defined, short, transparent, track to partnership. Truly seeking a partner and not "another associate." Candidate must be board-certified/-eligible. Practice scope includes dentoalveolar, implant surgery, pathology, some trauma and some orthognathics. Two-surgeon, multi-location practice with lots of growth potential. Community is hidden gem with around 200,000 people. Easy access to outdoors and only a few hours to several major cities. Great place to live, work and raise a family. Send CV to Austin Leavitt at Austin.leavitt@omsp.com.

California

Immediate full-time oral maxillofacial surgeon wanted in Southern California's Inland Empire. We promote a workplace with a supportive and efficient staff, individual growth and personal achievement. The right individual should demonstrate creativity, interpersonal skill and have a team player attitude. We emphasize dentoalveolar surgery, dental implants and pathology but also practice orthognathic, TMJ and trauma surgery. Compensation includes competitive salary, incentive bonus system, health insurance stipend and relocation advancement. Interested applicants should call 909-331-0227 or email MDudziak@ieomfs.com.

California

Well-respected, busy and established oral surgery practice in search of a board-certified or board-eligible, motivated, hardworking and efficient oral surgeon for a full-time position in the Bay Area, Calif. Our office provides a full scope of Oral & Maxillofacial surgery including IV-sedation, extractions, bone grafting and PRP, implant placement, biopsies and more. Applicant should have Calif. license, general anesthesia permit and medical malpractice insurance. Medical degree is a plus. Candidate must be able to provide excellent surgical services, establish and maintain relationships with existing and new referring doctors and be interested in growing the practice. Candidates should reply via email with their CV attached to apply.oralsurgery@gmail.com.

California

An associate or partner opportunity in a busy oral and maxillofacial surgery practice in southern California. Candidates should have experience in trauma, orthognathic surgery and implant surgery. The practice is a multi-doctor, multi-office practice that does the full scope of oral and maxillofacial surgery. We are looking for an associate-partner to join our three-man group. Please reply to patty@sandiegooms.com.

California

Premier full-scope OMS practice in Sierra Foothills, northern Calif., seeking an associate leading to partnership. Very desirable community with opportunities for an active outdoor lifestyle. Competitive salary offered for a motivated surgeon. Send inquiries with letter of interest and CV to bizdocjay@mac.com and nfantovrn@aol.com.

California

We are seeking an OMFS single- or dual-degree for a part-/full-time position. Our practice is located in the heart of San Francisco Peninsula. The practice has been established over 50 years with

excellent reputation in the community. The facility is state-of-the-art with the latest technology. Our practice emphasizes office-based dental-alveolar and implant surgery but can expand to full scope if desired. Ideal candidate should have excellent interpersonal skills with good patient care and ethics. Salary will be negotiable and competitive. Reply with CV to sfpeninsulaomfs@gmail.com.

Colorado

Prominent oral and maxillofacial surgery practice located in Colorado Springs with a beautiful modern office and a well-established staff is looking to add an additional board-certified/board-seeking surgeon as an associate with progression to partner. We provide full scope oral and maxillofacial surgery including orthognathic surgery and host the newest technology for optimal patient care. The right candidate should be motivated to continue to grow the practice and add on to our already sizable referral base. We offer a competitive compensation package including a base salary plus bonus, 401(k), medical benefits and malpractice insurance. Relocation assistance is available for the right candidate. This is an excellent opportunity for an energetic, motivated and passionate individual. Colorado Springs is an amazing up and coming town with outdoor adventure, a mild climate and sunshine 300+ days a year. It is a great place to raise a family and host school districts that are known for their academic excellence. Please email lisa.naillon@coloradomax.com.

Colorado

Full-scope OMS office located outside Denver in search of a full-time associate with a matriculation to partnership. Start date of summer 2020. Seeking energetic, personable, highly motivated, team-oriented, board-certified/-eligible oral surgeon willing to grow the practice. Established practice in a newly renovated office, state-of-the-art fully digital practice. Offers competitive salary, malpractice, health insurance and retirement benefits. Please send resume to A-0905.

Florida

Wonderful associate opportunity position in Lakewood Ranch, Fla. Competitive salary, benefits, equal partnership opportunity. Two office locations. Full-scope practice with implants, dental alveolar emphasis. Sunny west coast Florida, excellent schools and activities. Contact 1-502-644-7833/ Prpand01@hotmail.com, attention: Shawn.

Florida

Excellent opportunity in northeast Florida for an OMS who is board certified or an active candidate for board certification. Busy, well-established, high-quality, full-scope practice. Senior partner retiring 1-2 years. Two-surgeon, three-office practice. Seeking motivated and personable associate leading to partnership. Please reply with CV to AAOMS Classified Box A-4454.

Florida

Florida Craniofacial Institute is looking for an associate to join our practice located in sunny Tampa, Fla. We are a growing OMFS practice, with opportunities for continued expansion. This is a great opportunity for a surgeon to join a collegial group practice. We practice full-scope OMS in a unique setting, with the founding surgeon focused on pediatric cleft and craniofacial surgery. We offer competitive compensation package with benefits. Please send CV and inquiries to Peter Kemp at 813-870-6000, admin@flcranio.com.

Florida (Orlando/Daytona/ Jacksonville/Tampa/Ft. Lauderdale)

Join our 90-office group practice. Hospital privileges NOT required. Our current oral surgeons exceed $600,000/year. Contact Dr. Andy Greenberg at 407-772-5120 or drgreenberg@greenbergdental.com. All contact kept confidential. Apply online – www.greenbergdental.com.

Georgia

Oral surgeon needed for large, multispecialty, multi-location group practice in Atlanta suburbs. No managed care. Full- or part-time positions available. Contact Vicky Jorgensen at 770-446-8000, ext. 0003, or email vjorgensen@dentfirst.com. Visit us online at www.dentfirst.com.

Georgia

Georgia Oral & Facial Reconstructive Surgery is looking for a highly qualified OMS to join this practice. Our focus is on a comprehensive surgical practice including all facets of OMS, as this is the only OMFS practice in Georgia with a JCAHO-accredited facility. Please send resume and CV to kristen@georgiaofs.com.

Idaho

Well-established, respected, busy OMS practice seeking board-eligible/-certified OMS to join as an associate leading to partnership/buyout in beautiful Boise. Limitless outdoor activities and outstanding quality of life in the Pacific Northwest. Practice has striking facility in prime location with concentration on dentoalveolar, implant, grafting, pathology and advanced prosthetic/implant cases. Orthognathic and trauma cases are readily available if wanted. Emphasis on referral compatibility and quality care. Please send resume to AAOMS box A-110919.

Illinois

Fifty-year-old established practice, located in an affluent suburb, 60 miles northwest of Chicago, is looking to hire a full-time associate that can transition to partnership when senior doctor retires. Our practice is state-of-the-art, set in a casual loft design. It's supported by a community with strong growth in housing and retail. Public transportation via the Metra, which runs between the suburbs and Chicago, is one mile from our office. We are looking for an associate who exhibits leadership, great work ethic, compassion and professionalism in taking care of our patients as well as our support team. Our practice is a full-scope oral surgery office with emphasis on dentoalveolar, pathology and implant surgery. The doctors are on staff at a hospital that is five miles from our office. Benefits will include medical and malpractice insurance, hospital dues, society memberships, retirement contributions, board examination fees and vacation. Reply to jtrlthomp@aol.com.

Illinois

Excellent oral surgery opportunity in the Chicagoland area! Our highly successful private oral surgery practice has a great opportunity for an oral surgeon to join the team. Primarily fee-for-service, some PPO. State-of-the-art facility. Highly respected, busy practice with great relations in the dental community. Long-term security. Wide range of procedure scope. Excellent earnings to include great benefits package. Please email CV to omaxdoc@gmail.com.

Illinois

Full-scope OMS practice in the northern suburbs of Chicago seeking a board-certified/eligible OMS. Full-time and part-time associate positions available. Partnership opportunity available for a motivated individual. Flexible schedule and excellent salary and benefits. Reply to AAOMS Classified Box A-061019.

Kentucky

Actively seeking a board-certified/board-eligible oral surgeon due to senior partner retiring. (Residents graduating 2020 and 2021 will be considered first – residents graduating 2022 and later also being considered). We are a respected oral and maxillofacial surgery practice with a well-established referral base located in the vibrant and growing college town of Danville. It is a centrally located area within close proximity to bigger city atmosphere. Our practice offers full-scope oral and maxillofacial surgery with an emphasis on in-office anesthesia, dentoalveolar surgery and dental implants. To include a competitive benefit package including base salary, bonus plan, 401k, paid vacation, medical/dental/ vision plans and more. Qualified and interested individuals should send a resume and cover letter to j.swaidner@danvilleoms.com or contact Jessica Swaidner at 859-236-1130.

Reply to a classified box ad in the following manner:
AAOMS Classified Box _____
9700 W. Bryn Mawr Ave.
Rosemont, IL 60018-5701

Available Positions

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Kentucky

Looking for an energetic board-certified/eligible oral and maxillofacial surgeon to join our growing, multi-location, four-surgeon OMFS practice in Lexington, Ky. We offer an excellent compensation and benefit package to include a guaranteed base salary, bonus plan, 401(k), life insurance, paid vacation, medical/dental/vision plans, and malpractice insurance. Relocation assistance for the right candidate is possible. Please send your CV and cover letter to reda@kentuckyoms.com or contact Reda Vaughn at 859-278-9376, ext. 1108.

Maryland

Beautiful living close to Baltimore, Washington and Pennsylvania cities. Looking for a BC/BE person to join our practice doing the full scope of oral surgery. Two new offices. Scenic western Maryland and south-central Pennsylvania. Competitive package. Email richard.ofs@myactv.net.

Maryland

Immediate and summer positions (2020) are available for Associates leading to fast-track partnership in a state-of-the-art, highly successful, expanding, multi-location, full-scope oral and maxillofacial surgery practice in Maryland/D.C./Virginia metro area. Our team is looking for a bright, ambitious and caring individual. Our future partner must be proficient in all phases of OMS including outpatient general anesthesia, dentoalveolar, implant, TMJ, orthognathic and cosmetic procedures. Board-certified or an active candidate for board certification a must. We offer a highly competitive base salary, production incentives, generous signing incentives and student loan repayment program as well as a benefit package (including malpractice and family health insurance). If you are interested, please forward your CV to Ms. Petersen at mdmosa20850@gmail.com.

Maryland

Mid-Maryland Oral and Maxillofacial Surgery, PA, located in beautiful Frederick, Md., is searching for a new associate (board-certified or board-eligible) to join its team of three surgeons. Mid-Maryland Oral and Maxillofacial Surgery is a very busy, well-respected, full-scope office founded over 20 years ago, serving Maryland, Pennsylvania, Delaware, Virginia and West Virginia communities. Our surgeons also have full privileges at Frederick Memorial Hospital. Frederick, voted as one of the best places to live, is located within 45 miles of Baltimore and Washington DC. We have access to big city amenities without losing our small-town charm. The successful candidate will have the opportunity to obtain full partnership with an excellent salary/benefit package. Please email CV to Lhogan@midmaryland.com or fax: 301-694-7372.

Maryland

Well-respected, long-established, fully equipped, two-office practice in growing Metro D.C./Baltimore area. Motivated board-certified/eligible individual for associateship or practice buy-in/out. Must be proficient in all phases of OMS. Competitive salary with production incentives plus benefits. Reply OMSadrecruit@gmail.com.

Maryland/Washington, D.C., Metro Area

Busy, comprehensive OMFS practice looking for an immediate and summer 2020 full-/part-time surgeon in the DC/MD area. Must be board-eligible/-certified. Compensation will be on a commission basis. Additional benefits are included. Send CV to velvel18@aol.com.

Massachusetts

Well-established, highly respected, thriving two-office OMS practice in greater Boston area seeking an energetic, personable, highly motivated oral surgeon. Must be board certified or eligible. Our office provides full scope of oral and maxillofacial surgery. Candidate must be able to provide excellent surgical skills, establish and maintain relationships with existing and new referring doctors and be interested in growing the practice. Our employment package has a very competitive salary and partnership track. For more information about our practice and our surgeons, please email CV to manager@mvoralsurgeons.com, attention Sandra.

New Jersey

Well-established, multi-office premier group practice of OMS at the southern New Jersey shore is seeking a motivated, bright, personable OMS board-certified or active candidate for board certification. We are an aggressive full-scope practice with a loyal, broad referral base. An excellent salary and incentive package with fringe benefits make this a unique opportunity for the right OMS looking for future partnership. Interested parties should reply by email to caoms@aol.com.

New Jersey

A fabulous opportunity is available due to the forthcoming retirement of a senior partner. A full-time position fast tracking to a well-defined equal partnership is planned to provide a career with long-term stability. We have a well-established, ever-evolving practice that is 32 years old. It consists of three progressive doctors of excellent reputation who encourage a collegial relationship. We are committed to quality patient care founded upon a very large, dependable referral base. Practice emphasis is on dentoalveolar surgery, third molars, implants and office anesthesia. There is unlimited potential to expand the scope of our practice if desired. Our three offices are state-of-the-art and well-equipped with digital imaging, CBCT and intraoral scanning. Please email resumes to tkolb@coastaloralsurgerynj.com.

New Jersey

A well-established and respected OMS practice with two locations in central New Jersey (close to New York City and Philadelphia – with their illustrious educational, cultural, and recreational offerings), seeking a well-trained, highly-motivated candidate with excellent surgical and interpersonal skills for full-time and part-time associate positions with partnership track. Board-certified or active candidate for board certification preferred. There is an opportunity for full-scope practice at both locations. Both office locations are state-of-the-art, modern and well-equipped facilities. We offer a competitive compensation package with great benefits. Please email CV to dr.edkozlovsky@gmail.com.

New Jersey

Associate position available for three practice locations in southern New Jersey. Board-certified or board-eligible preferred. Part or full time available. Interest in partnership transitioning into ownership preferred. Practice locations: Linwood, N.J.; Cape May Courthouse, N.J.; and Maple Shade, N.J. Call 609-350-5233 or email benaifer3@hotmail.com.

New Jersey

If you are motivated and understand what it takes to cultivate the optimal patient experience each and every time, please contact us. We are a well-established and still rapidly expanding full-scope, multi-office practice minutes from NYC with a focus on office-based oral surgery and affiliations at some of the region's most prestigious hospitals. We are the official oral surgeons of the New Jersey Devils, and we are seeking a full-time BC/BE partnership-minded associate to join our team with huge potential for more. Send your CV to jma@riversideoralsurgery.com.

New Jersey

Looking for an enthusiastic oral surgeon to join a highly reputable private practice with multiple locations throughout the beautiful suburban areas of Northern New Jersey and near the Jersey Shore. Randolph Center for Oral & Maxillofacial Surgery is a comprehensive provider for oral and maxillofacial surgery with affiliations at Morristown Medical Center and New York Presbyterian Weill-Cornell

Medical Center. This well-established, growing practice now has a great opportunity for a new and upcoming oral surgeon looking to gain experience at a state-of-the-art, full-scope practice. Randolph Oral Surgery is offering a full-time position to a board-eligible surgeon – an excellent salary and benefits package is included in this exciting opportunity! If interested in this position, please fax resumes to 973-328-3405. We are looking forward to hearing from you soon!

New York

Outstanding opportunity to join a growth-oriented, innovative multi-location OMS practice in Manhattan and the Tri-State region. We have commitments for many new locations in Connecticut, New Jersey and New York. The metropolitan New York City area is an excellent place to live/work with a vast array of educational, cultural and recreational activities. The ideal candidate must possess top skills and display excellent interpersonal skills. The practice is office-based, full-scope dental alveolar and implant surgery under IV sedation and general anesthesia. The facilities and equipment are high quality and digital. Emergency room call and academic affiliations are available. The practice is the employer of choice with the top compensation and equity participation for ideal candidates. Will support and assist in obtaining state licenses and U.S. work permits (including sponsoring green card or U.S. citizenship). Email CV to robert.bodey@mofsny.com or contact Robert Bodey at 347-590-9910.

New York (Brooklyn)

Seeking a motivated, hard-working surgeon proficient in all phases of outpatient surgery. Excellent opportunity for an early partnership, buyout or immediate sale of practice as our doctor of 25 years is planning to relocate. We are a very successful, well-respected, established, 40-year-old solo practice with an excellent reputation with our referral base and patients because of our strong commitment to quality patient care and customer service. We participate with few insurance companies; we are primarily a fee-for-service practice, currently working only four days/week. Our doctor and staff are willing to transition with the new surgeon. Contact Steven Schwartz, DDS, at 516-314-6559 or NYOMSDDS@gmail.com.

New York (Long Island)

Long-standing, established Nassau County practice seeking a motivated, ethical, hard-working and highly skilled full-time OMS. Reply to AAOMS Classified Box A-4416.

New York (Rochester)

Associate wanted for an established OMFS practice in Rochester. Well-established practice with two offices and two surgeons. Full scope of OMFS. Fast partnership track. Please email your CV or questions to omfseric@aol.com.

New York (Saratoga Springs)

Outstanding opportunity to join a busy, multi-location, three-surgeon OMS practice in Saratoga Springs, N.Y. Saratoga is an excellent place to live and work with a vast array of cultural and recreational activities. Association leading to partnership for a motivated oral and maxillofacial surgeon who possesses top skills and displays excellent interpersonal skills. Practice is office-based, full-scope dentoalveolar and implant surgery under general anesthesia. Orthognathic, reconstruction, cleft lip and palate, pathology and TMJ cases are available in the office and hospital settings. We offer a competitive salary plus a comprehensive benefits package that includes malpractice, health, life insurance, 401(k) and profit sharing. Send resumes to dwhitacre@scomsa.com.

New York (Staten Island)

Immediate opportunity for full- or part-time OMS for beautiful modern five-operatory office. The practice focuses on implants, bone grafting, third molars, pathology and dentoalveolar surgery. Excellent salary and benefits with partnership potential. Please email tmjsx@optonline.net.

North Carolina

Great opportunity in Eastern North Carolina for a career-oriented OMS. Solo associate position leading to full solo ownership. Busy practice with two offices. Current owner is flexible, will retire or go part-time. Great place to live and practice for a family-oriented person. Interested parties please reply and send CV and letter of intent to AAOMS Classified Box A-110519.

North Carolina (Charlotte)

An amazing opportunity for an exceptional and enthusiastic board-certified surgeon or an active candidate for certification to join our practice. This lucrative opening is a full-time associate position with partnership potential. Attractive compensation package including guaranteed salary of $350K and production bonus, monthly business expense allowance, education allowance, health insurance and malpractice insurance. Complete compensation package is upward of $500K. We have 4 offices located around the Greater Charlotte area. Our practice encompasses full-scope oral and maxillofacial surgery to include dentoalveolar, orthognathic, trauma, implants, head and neck pathology, plus facial cosmetic surgery. North Carolina and South Carolina dental licenses or ability to obtain them are required. If you are interested please reach out to Crystal McBride: cmcbride@omfspartners.com or careers@omfspartners.com for more information. You can visit our website for more information regarding our practice: greatercharlotteoralsurgery.com.

North Dakota

Well-established solo practice in Fargo is seeking a board-eligible/-certified single- or dual-degree oral and maxillofacial surgeon to join our practice. It is an economically growing region in the upper Midwest. The practice, at present, is full-scope. I have a very large implant practice and there is growth available in all aspects of the specialty. The practice draws from approximately a one hundred mile radius and from about 80-100 possible referral sources. Salary will be negotiable and competitive as well as a two-year associate contract leading to buy-in. Resumes can be mailed to the office (Attention: Amy) or email to amy@prairieoralsurgery.com. Feel free to visit our website at prairieoralsurgery.com.

North Dakota

Excellent opportunity for a board-certified oral surgeon or an active candidate for board certification to join our very successful multi-doctor, multi-location practice in Grand Forks. With almost 30 years in practice, we have an exceptionally large referral base covering the state of North Dakota as well as western Minnesota and northern South Dakota within our four state-of-the-art facilities. Excellent financial package and benefits leading to early partnership. Please send letter of interest and CV to bpeterson@faceandjawsurgery.com or Face and Jaw Surgery Center, ATTN: Betsey Peterson, 2845 36th Ave South, Grand Forks, ND 58201.

Ohio

Well-established OMS practice located on the shores of Lake Erie is looking for an associate looking to become a partner. Busy, up to date, two-office practice located in a beautiful vacation area with an enormous opportunity. Reply to AAOMS Box A-110318.

Ontario, Canada

Very busy OMS practice with four locations in Ottawa looking to hire a full-time associate with opportunity to become a partner. Please submit your resume via email to whinz@argyleassociates.com.

Reply to a classified box ad in the following manner:
AAOMS Classified Box _____
9700 W. Bryn Mawr Ave.
Rosemont, IL 60018-5701

Available Positions

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Pennsylvania

Well-established, highly respected, thriving, two-office OMS practice in southern Chester County seeking an energetic, personable, highly motivated, team-oriented oral surgeon. Our practice mission is to provide exceptional patient care in a comfortable and safe manner with a well-trained staff and the most modern amenities. We are offering an associate position, which will transition into a partnership opportunity, with a competitive salary, malpractice, and health insurance, pension, continuing education compensation included. Our two state-of-the-art offices provide an excellent setting to provide full-scope OMS. Our offices are centrally located between New York, Philadelphia, and Washington, D.C. Chester County is an excellent place to establish a residence with school districts that are consistently ranked among the best in the nation. Reply to AAOMS Classified Box A-5001.

Quebec, Canada

A group practice of oral and maxillofacial surgeons with an established referral base and an experienced team seeks an oral and maxillofacial surgeon certified with the Royal College of Dentists in Canada. We have a full-scope practice in oral and maxillofacial surgery specialized in oral surgery, implants, orthognathic surgery, TMJ, sleep apnea and trauma (in a regional trauma center). Fluency in French is required. Please reply with curriculum vitae to: Clinique Maxillo-Mauricie; Office: 819-378-4353; Fax: 819-378-7661; Email: info@maxillomauricie.com.

South Dakota

Busy four-doctor practice in South Dakota and Northwest Iowa, close to Sioux Falls and Omaha, looking for BC/BE candidate for one-year associate position with very affordable partner buy-in. Very high-income potential. Low cost of living. No state income tax in S.D. Full-scope practice if desired. Reply to jsdeanddsmd@gmail.com if interested.

Texas

Well-established, prominent, multi-surgeon OMS practice in the Austin area is looking for board-eligible/-certified single or dual-degree oral and maxillofacial surgeon to join our practice. We are a full-scope oral and maxillofacial surgery practice including hospital-based procedures. Please reply with CV and resume to AAOMS Classified Box A-0903.

Virginia

Coastal Virginia/Virginia Beach practice seeking FT surgeon. 3.5 hours to DC, 1.5 hours to Richmond, 6 hours to NYC. Partnership/equity track for qualified candidates. Motivated and personable associates with vision of expanding oral surgery business, contact drg@myoralsurgeon.com.

Washington

Seeking a qualified oral and maxillofacial surgeon with a Washington state license to join our well-established practice. Multiple locations in Seattle area. Email resume to dmd2dds@gmail.com.

Washington

We are seeking a board-eligible or board-certified oral surgeon to join our long-standing, multiple-location OMS group practice located in the highly desired Seattle area. This is an excellent opportunity with associateship leading to partnership pathway for a motivated, friendly and skilled surgeon. Please send CV to pd@iomswa.com.

Washington, DC/Baltimore/ Virginia Metro Area, District of Columbia

Excellent opportunity for a full-time OMS board-certified or an active candidate for board certification in a multi-doctor, three-office practice just west of the Washington, DC/Baltimore/ Virginia Metro area in Hagerstown & Frederick, MD and Martinsburg, WV. Established modern, state-of-the-art, facilities with strong referral base. Diverse team of four board-certified oral surgeons and twenty-five team members. Clinical team of DAANCE-certified surgical assistants and RN. Team surgeon coverage with call rotation. Full-scope busy practice close to amenities of the metropolitan area without all the congestion. Excellent schools and many outdoor activities; hiking, cycling, skiing, and golf. Sign-on bonus, competitive salary, paid continuing education, all board certification fees, paid licensing fees, professional association dues, liability insurance, credentialing and licensing, and monthly auto allowance is all included in the benefits package. We are an equal opportunity employer looking for an energetic, enthusiastic, motivated, well-trained individual to join our team. Please contact us via email with letter of interest and CV to hnelson@omaxdocs.com or michele@omaxdocs.com.

Wisconsin

Does the idea of living in a friendly, safe Midwestern community appeal to you? Our practice is located in East-central Wisconsin which boasts excellent schools, safe communities, and abundant four season outdoor recreational activities, plus nearby NBA, NFL, MLB, major college sporting events and performing arts centers. We are offering a competitive salary and comprehensive benefit package starting as an associateship with options leading to an equal partnership in our highly productive, multi-provider practice. Interested candidates should send CV or resume to lynn@omswinnebago.com or fax to 1-920-231-4559 Attn: Lynn.

Wisconsin

Join a well-established group of four oral and maxillofacial surgeons with a built-in referral base and a geographic area of 500,000+ people. Practice in state-of-the-art facilities, we offer multiple offices which provide the latest in dental and surgical technology. We offer competitive compensation and generous benefits with either partnership track or associate surgeon options. Oral and Maxillofacial Surgeons BayCare Clinic is based in Green Bay, Wis., a beautiful, safe, and family-oriented city, known for its outstanding quality of life and superb education systems. Contact Pam Seidl at pseidl@baycare.net or 877-269-9895.

Miscellaneous

OMS Partners

Whether your focus is on starting your own practice, buying or selling a practice, or relieving yourself of the management challenges of your existing practice, OMS Partners is uniquely qualified to help you achieve your goals. We understand how valuable your time is. Our goal is to allow you to focus on patient care while we provide the comprehensive practice management required to maximize your productivity and profitability. Our team will become an extension of your practice with billing and timely collections, cash-flow management, accounting and human resources, and long-term planning, including practice growth and development. To find out more about OMS Partners, contact us today! Call Austin Leavitt at 832-683-5084 or email austin.leavitt@omsp.com.

Practices for Sale

Arizona

Solo practice, Tucson; EHR, 3-DCBT-Carestream 9300, 2 ops, exam, 2,100 sq. ft. Owner available for transition, attractive price in desert retirement community. Please reply to: Applicant, 8987 E. Tanque Verde Rd., Suite 309-137, Tucson, AZ 85749.

California

Multiple northern and southern California oral surgery practices currently available for sale or with associateship opportunities. Contact Brady Price & Associates, specializing in oral surgery practice transition via email at scott@bradyprice.net or call Scott Price, 925-935-0890.

California

San Diego office-based practice for sale. Fully equipped, 3,000 sq. ft.-office contains CBCT, EMR 2 ops/exam rooms. 2018 collections approximately $1.55 million, net approximately $700K, working four days/wk. Seller retiring after transition. Contact Brady & Associates at 925-935-0890 or scott@bradyprice.net.

Colorado

OMS Practice Opportunities, South Metro Denver, Colo., Gross Collections: ~$533,000 & Southwest Metro Denver, Colo., Gross Collections: ~$474,369. Contact Marie Chatterley, 303-249-0611 or info@ctc-associates.com.

Florida (West Central)

Strong, long-established, "Teeth and Titanium" practice with hospital surgical opportunity (i.e., orthognathics/trauma) strategically and centrally located to target patients, referrals and resources. Four equipped, two plumbed but not fully equipped, well laidout and spacious facility. Practice is technologically updated and set for advanced surgical care. Most patients are FFS/cash paying (no managed care). Collections over $1.4MM with estimated $480K post-debt net income. Real estate owned by seller and for sale with the practice. Financing of 100% of the real estate price at estimated market rates utilized for post-debt net income calculations. More information at bit.ly/WestCFOMS or contact Greg Auerbach, licensed Florida Real Estate Broker-Agent, Henry Schein Professional Practice Transitions – greg.auerbach@henryschein.com.

Illinois

Two-man practice with 60-year legacy is ready for sale in wonderful central Illinois community. We maintain a low overhead, and a very large and loyal referral base ensures $2.1 million gross annual income. Larger OMS cases can be completed in two excellent local area hospitals. Please reply to James Ackerman, jim@adsmidwest.com or 859-466-9508.

Michigan

Three privately held Oral Surgery Practices for sale. Two practices in Southeast Mich., and one in the Grand Rapids area. All practice pricing based on profitability with transition flexibility depending on the needs of the buyer. Full-practice profile, valuation, with supporting documentation with after tax cash flow available once NDA in place. Please respond to michigandentist2018@gmail.com.

New Jersey

Surgeon retiring from long-established practice in a town near N.Y.C. with one of highest per capita incomes and best school systems in the state. Office is modern and fully equipped. Flexible options for transition. Reply to AAOMS box S-110619.

New Jersey

Oral Surgery office space for sale or lease in Morris County. Beautifully updated 1600 sq. ft. first-floor dental suite in prime location in the heart of Morris County. Three surgical suites, plumbed for four, large patient waiting area and reception desk space, two recovery beds with central O2, lead-lined CT space, separate file storage and kitchen space, private doctor entrance, with excellent parking. Office grossed over 2.7 million with two doctors four days a week. Fantastic opportunity to save over $100,000 on building out infrastructure with easy transition. Fantastic location for primary or satellite office. Owner financing available. Please respond to AAOMS Classified Box S-1007.

New York (Brooklyn)

Why work as an associate when you can own a practice? Turn-key, newly renovated, primarily fee-for-service practice in prime location now for sale. Close to a major highway and public transportation with parking available and wheelchair accessibility. Shy of a million dollars in collections from only a four-day workweek. All three operatories are modernized and fully equipped. Hospital privileges also available. Practice has solid, established 40+-year-old professional and patient referral base with proven track record of quality patient care and loyalty to the community. A competent and dedicated staff supports the practice, and the surgeon can be available during transition. If you have been searching for a profitable, solid OMS practice to purchase, this is a must-see. Call today confidentially if you would like to learn more about this premier OMS practice: 516-314-6559 or email NYOMSDDS@gmail.com.

New York (Lower Hudson Valley)

Well-established practice looking for board-certified/active candidate for certification OMFS for purchase of practice. Current owner willing to remain through transition. Emphasis on dentoalveolar, office-based, implants, general anesthesia, pathology, hospital call. Experienced staff, good systems in place, cone beam CT, EHR. Please send CV to AAOMS Classified Box S-11803.

Ohio

Solo suburban northeast Ohio practice for sale. 35 years with ample referral base. Room for growth. Great interstate and airport access, convenient to hospitals and outpatient surgery centers. Office 7 years old. Reply to AAOMS Classified Box S-110419.

Pennsylvania

Central Pa., 45 minutes from State College. Thirty-year-old respected practice, beautiful office, over 5,000 square-foot building overlooking Susquehanna River, 3 operatories, EMR with Carestream/WinOMS, I-CAT Cone beam, piezosurgery unit, extremely well-equipped, grossing over $1,400,000 each of last 5 years. Primarily office-based surgery but significant opportunity for orthognathics, TMJ and sleep apnea as desired with several hospitals available for trauma/in-patient care. Minimal competition, so much less stress. Priced to sell as oral surgeon retiring. 10% of gross plus purchase of building. Email CLEARFIELDOMS@gmail.com or call 814-765-3463.

South Carolina

Profitable well-established solo practice in sunny S.C. within a short distance to mountains or beach. Highly respected retiring surgeon with annual production >$1.2M on four-day work week. Well-maintained office with CBCT, WinOMS, recently updated computers, phone systems, etc. Reliable appraisal with purchase and finance options available. Flexible transition period to suit buyer's comfort level. Send cover letter and CV to AAOMS classified box A-110119.

Tennessee

Long-established solo practice for sale. Office is located 10 minutes from downtown Nashville in hospital professional building with two surgical and two exam operatories. Broad and loyal referral base and long-term staff. Practice focusing on dentoalveolar and implant surgeries. Owner to retire but will help in transition if desired. Call 615-414-0123 for details.

Texas

Texas Hill Country solo practice for outright sale with some owner transition leading to full retirement. Excellent high-growth area. Well-established referral base (no hospital cases). Contact Gary Clinton, OMS transition consultant for 40+ years. Confidential always. 972-317-9756; acualum@aol.com.

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March/April 2020 issue: Jan. 7, 2020
May/June 2020 issue: March 3, 2020
July/August 2020 issue: May 5, 2020

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Classified Advertising Deadlines
March/April 2020 issue: **Jan. 7, 2020**
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EXPAREL®

(bupivacaine liposome injectable suspension)

Brief Summary
(For full prescribing information refer to package insert)

INDICATIONS AND USAGE

EXPAREL is indicated for single-dose infiltration in adults to produce postsurgical local analgesia and as an interscalene brachial plexus nerve block to produce postsurgical regional analgesia.

Limitation of Use: Safety and efficacy has not been established in other nerve blocks.

CONTRAINDICATIONS

EXPAREL is contraindicated in obstetrical paracervical block anesthesia. While EXPAREL has not been tested with this technique, the use of bupivacaine HCl with this technique has resulted in fetal bradycardia and death.

WARNINGS AND PRECAUTIONS

Warnings and Precautions Specific for EXPAREL

As there is a potential risk of severe life-threatening adverse effects associated with the administration of bupivacaine, EXPAREL should be administered in a setting where trained personnel and equipment are available to promptly treat patients who show evidence of neurological or cardiac toxicity.

Caution should be taken to avoid accidental intravascular injection of EXPAREL. Convulsions and cardiac arrest have occurred following accidental intravascular injection of bupivacaine and other amide-containing products.

Avoid additional use of local anesthetics within 96 hours following administration of EXPAREL.

EXPAREL has not been evaluated for the following uses and, therefore, is not recommended for these types of analgesia or routes of administration.

- epidural
- intrathecal
- regional nerve blocks other than interscalene brachial plexus nerve block
- intravascular or intra-articular use

EXPAREL has not been evaluated for use in the following patient population and, therefore, it is not recommended for administration to these groups.

- patients younger than 18 years old
- pregnant patients

The potential sensory and/or motor loss with EXPAREL is temporary and varies in degree and duration depending on the site of injection and dosage administered and may last for up to 5 days as seen in clinical trials.

ADVERSE REACTIONS

Clinical Trial Experience

Adverse Reactions Reported in Local Infiltration Clinical Studies

The safety of EXPAREL was evaluated in 10 randomized, double-blind, local administration into the surgical site clinical studies involving 823 patients undergoing various surgical procedures. Patients were administered a dose ranging from 66 to 532 mg of EXPAREL. In these studies, the most common adverse reactions (incidence greater than or equal to 10%) following EXPAREL administration were nausea, constipation, and vomiting. The common adverse reactions (incidence greater than or equal to 2% to less than 10%) following EXPAREL administration were pyrexia, dizziness, edema peripheral, anemia, hypotension, pruritus, tachycardia, headache, insomnia, anemia postoperative, muscle spasms, hemorrhagic anemia, back pain, somnolence, and procedural pain.

Adverse Reactions Reported in Nerve Block Clinical Studies

The safety of EXPAREL was evaluated in four randomized, double-blind, placebo-controlled nerve block clinical studies involving 469 patients undergoing various surgical procedures. Patients were administered a dose of either 133 or 266 mg of EXPAREL. In these studies, the most common adverse reactions (incidence greater than or equal to 10%) following EXPAREL administration were nausea, pyrexia, and constipation.

The common adverse reactions (incidence greater than or equal to 2% to less than 10%) following EXPAREL administration as a nerve block were muscle twitching, dysgeusia, urinary retention, fatigue, headache, confusional state, hypotension, hypertension, hypoesthesia oral, pruritus generalized, hyperhidrosis, tachycardia, sinus tachycardia, anxiety, fall, body temperature increased, edema peripheral, sensory loss, hepatic enzyme increased, hiccups, hypoxia, post-procedural hematoma.

Postmarketing Experience

These adverse reactions are consistent with those observed in clinical studies and most commonly involve the following system organ classes (SOCs): Injury, Poisoning, and Procedural Complications (e.g., drug-drug interaction, procedural pain), Nervous System Disorders (e.g., palsy, seizure), General Disorders And Administration Site Conditions (e.g., lack of efficacy, pain), Skin and Subcutaneous Tissue Disorders (e.g., erythema, rash), and Cardiac Disorders (e.g., bradycardia, cardiac arrest).

DRUG INTERACTIONS

The toxic effects of local anesthetics are additive and their co-administration should be used with caution including monitoring for neurologic and cardiovascular effects related to local anesthetic systemic toxicity. Avoid additional use of local anesthetics within 96 hours following administration of EXPAREL.

Patients who are administered local anesthetics may be at increased risk of developing methemoglobinemia when concurrently exposed to the following drugs, which could include other local anesthetics:

Examples of Drugs Associated with Methemoglobinemia:

Class	Examples
Nitrates/Nitrites	nitric oxide, nitroglycerin, nitroprusside, nitrous oxide
Local anesthetics	articaine, benzocaine, bupivacaine, lidocaine, mepivacaine, prilocaine, procaine, ropivacaine, tetracaine
Antineoplastic agents	cyclophosphamide, flutamide, hydroxyurea, ifosfamide, rasburicase
Antibiotics	dapsone, nitrofurantoin, para-aminosalicylic acid, sulfonamides
Antimalarials	chloroquine, primaquine
Anticonvulsants	Phenobarbital, phenytoin, sodium valproate
Other drugs	acetaminophen, metoclopramide, quinine, sulfasalazine

Bupivacaine

Bupivacaine HCl administered together with EXPAREL may impact the pharmacokinetic and/or physicochemical properties of EXPAREL, and this effect is concentration dependent. Therefore, bupivacaine HCl and EXPAREL may be administered simultaneously in the same syringe, and bupivacaine HCl may be injected immediately before EXPAREL as long as the ratio of the milligram dose of bupivacaine HCl solution to EXPAREL does not exceed 1:2.

Non-bupivacaine Local Anesthetics

EXPAREL should not be admixed with local anesthetics other than bupivacaine. Nonbupivacaine based local anesthetics, including lidocaine, may cause an immediate release of bupivacaine from EXPAREL if administered together locally. The administration of EXPAREL may follow the administration of lidocaine after a delay of 20 minutes or more. There are no data to support administration of other local anesthetics prior to administration of EXPAREL.

Other than bupivacaine as noted above, EXPAREL should not be admixed with other drugs prior to administration.

Water and Hypotonic Agents

Do not dilute EXPAREL with water or other hypotonic agents, as it will result in disruption of the liposomal particles

USE IN SPECIFIC POPULATIONS

Pregnancy

Risk Summary

There are no studies conducted with EXPAREL in pregnant women. In animal reproduction studies, embryo-fetal deaths were observed with subcutaneous administration of bupivacaine to rabbits during organogenesis at a dose equivalent to 1.6 times the maximum recommended human dose (MRHD) of 266 mg. Subcutaneous administration of bupivacaine to rats from implantation through weaning produced decreased pup survival at a dose equivalent to 1.5 times the MRHD [see Data]. Based on animal data, advise pregnant women of the potential risks to a fetus.

The background risk of major birth defects and miscarriage for the indicated population is unknown. However, the background risk in the U.S. general population of major birth defects is 2-4% and of miscarriage is 15-20% of clinically recognized pregnancies.

Clinical Considerations

Labor or Delivery

Bupivacaine is contraindicated for obstetrical paracervical block anesthesia. While EXPAREL has not been studied with this technique, the use of bupivacaine for obstetrical paracervical block anesthesia has resulted in fetal bradycardia and death.

Bupivacaine can rapidly cross the placenta, and when used for epidural, caudal, or pudendal block anesthesia, can cause varying degrees of maternal, fetal, and neonatal toxicity. The incidence and degree of toxicity depend upon the procedure performed, the type, and amount of drug used, and the technique of drug administration. Adverse reactions in the parturient, fetus, and neonate involve alterations of the central nervous system, peripheral vascular tone, and cardiac function.

Data

Animal Data

Bupivacaine hydrochloride was administered subcutaneously to rats and rabbits during the period of organogenesis (implantation to closure of the hard plate). Rat doses were 4.4, 13.3, and 40 mg/kg/day (equivalent to 0.2, 0.5 and 1.5 times the MRHD, respectively, based on the BSA comparisons and a 60 kg human weight) and rabbit doses were 1.3, 5.8, and 22.2 mg/kg/day (equivalent to 0.1, 0.4 and 1.6 times the MRHD, respectively, based on the BSA comparisons and a 60 kg human weight). No embryo-fetal effects were observed in rats at the doses tested with the high dose causing increased maternal lethality. An increase in embryo-fetal deaths was observed in rabbits at the high dose in the absence of maternal toxicity.

Decreased pup survival was noted at 1.5 times the MRHD in a rat pre- and post-natal development study when pregnant animals were administered subcutaneous doses of 4.4, 13.3, and 40 mg/kg/day buprenorphine hydrochloride (equivalent to 0.2, 0.5 and 1.5 times the MRHD, respectively, based on the BSA comparisons and a 60 kg human weight) from implantation through weaning (during pregnancy and lactation).

Lactation

Risk Summary

Limited published literature reports that bupivacaine and its metabolite, pipecoloxylidide, are present in human milk at low levels. There is no available information on effects of the drug in the breastfed infant or effects of the drug on milk production. The developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for EXPAREL and any potential adverse effects on the breastfed infant from EXPAREL or from the underlying maternal condition.

Pediatric Use

Safety and effectiveness in pediatric patients have not been established.

Geriatric Use

Of the total number of patients in the EXPAREL local infiltration clinical studies (N=823), 171 patients were greater than or equal to 65 years of age and 47 patients were greater than or equal to 75 years of age. Of the total number of patients in the EXPAREL nerve block clinical studies (N=531), 241 patients were greater than or equal to 65 years of age and 60 patients were greater than or equal to 75 years of age. No overall differences in safety or effectiveness were observed between these patients and younger patients. Clinical experience with EXPAREL has not identified differences in efficacy or safety between elderly and younger patients, but greater sensitivity of some older individuals cannot be ruled out.

Hepatic Impairment

Amide-type local anesthetics, such as bupivacaine, are metabolized by the liver. Patients with severe hepatic disease, because of their inability to metabolize local anesthetics normally, are at a greater risk of developing toxic plasma concentrations, and potentially local anesthetic systemic toxicity. Therefore, consider increased monitoring for local anesthetic systemic toxicity in subjects with moderate to severe hepatic disease.

Renal Impairment

Bupivacaine is known to be substantially excreted by the kidney, and the risk of toxic reactions to this drug may be greater in patients with impaired renal function. This should be considered when performing dose selection of EXPAREL.

OVERDOSAGE

Clinical Presentation

Acute emergencies from local anesthetics are generally related to high plasma concentrations encountered during therapeutic use of local anesthetics or to unintended intravascular injection of local anesthetic solution.

Signs and symptoms of overdose include CNS symptoms (perioral paresthesia, dizziness, dysarthria, confusion, mental obtundation, sensory and visual disturbances and eventually convulsions) and cardiovascular effects (that range from hypertension and tachycardia to myocardial depression, hypotension, bradycardia and asystole).

Plasma levels of bupivacaine associated with toxicity can vary. Although concentrations of 2,500 to 4,000 ng/mL have been reported to elicit early subjective CNS symptoms of bupivacaine toxicity, symptoms of toxicity have been reported at levels as low as 800 ng/mL.

Management of Local Anesthetic Overdose

At the first sign of change, oxygen should be administered.

The first step in the management of convulsions, as well as underventilation or apnea, consists of immediate attention to the maintenance of a patent airway and assisted or controlled ventilation with oxygen and a delivery system capable of permitting immediate positive airway pressure by mask. Immediately after the institution of these ventilatory measures, the adequacy of the circulation should be evaluated, keeping in mind that drugs used to treat convulsions sometimes depress the circulation when administered intravenously. Should convulsions persist despite adequate respiratory support, and if the status of the circulation permits, small increments of an ultra-short acting barbiturate (such as thiopental or thiamylal) or a benzodiazepine (such as diazepam) may be administered intravenously. The clinician should be familiar, prior to the use of anesthetics, with these anticonvulsant drugs. Supportive treatment of circulatory depression may require administration of intravenous fluids and, when appropriate, a vasopressor dictated by the clinical situation (such as ephedrine to enhance myocardial contractile force).

If not treated immediately, both convulsions and cardiovascular depression can result in hypoxia, acidosis, bradycardia, arrhythmias and cardiac arrest. If cardiac arrest should occur, standard cardiopulmonary resuscitative measures should be instituted.

Endotracheal intubation, employing drugs and techniques familiar to the clinician, maybe indicated, after initial administration of oxygen by mask, if difficulty is encountered in the maintenance of a patent airway or if prolonged ventilatory support (assisted or controlled) is indicated.

DOSAGE AND ADMINISTRATION

Important Dosage and Administration Information

- EXPAREL is intended for single-dose administration only.
- Different formulations of bupivacaine are not bioequivalent even if the milligram strength is the same. Therefore, it is not possible to convert dosing from any other formulations of bupivacaine to EXPAREL.
- DO NOT dilute EXPAREL with water for injection or other hypotonic agents, as it will result in disruption of the liposomal particles.
- Use suspensions of EXPAREL diluted with preservative-free normal (0.9%) saline for injection or lactated Ringer's solution within 4 hours of preparation in a syringe.
- Do not administer EXPAREL if it is suspected that the vial has been frozen or exposed to high temperature (greater than 40°C or 104°F) for an extended period.
- Inspect EXPAREL visually for particulate matter and discoloration prior to administration, whenever solution and container permit. Do not administer EXPAREL if the product is discolored.

Recommended Dosing in Adults

Local Analgesia via Infiltration

The recommended dose of EXPAREL for local infiltration in adults is up to a maximum dose of 266mg (20 mL), and is based on the following factors:

- Size of the surgical site
- Volume required to cover the area
- Individual patient factors that may impact the safety of an amide local anesthetic

As general guidance in selecting the proper dosing, two examples of infiltration dosing are provided:

- In patients undergoing bunionectomy, a total of 106 mg (8 mL) of EXPAREL was administered with 7 mL infiltrated into the tissues surrounding the osteotomy, and 1 mL infiltrated into the subcutaneous tissue.
- In patients undergoing hemorrhoidectomy, a total of 266 mg (20 mL) of EXPAREL was diluted with 10 mL of saline, for a total of 30 mL, divided into six 5 mL aliquots, injected by visualizing the anal sphincter as a clock face and slowly infiltrating one aliquot to each of the even numbers to produce a field block.

Regional Analgesia via Interscalene Brachial Plexus Nerve Block

The recommended dose of EXPAREL for interscalene brachial plexus nerve block in adults is 133 mg (10 mL), and is based upon one study of patients undergoing either total shoulder arthroplasty or rotator cuff repair.

Compatibility Considerations

Admixing EXPAREL with drugs other than bupivacaine HCl prior to administration is not recommended.

- Non-bupivacaine based local anesthetics, including lidocaine, may cause an immediate release of bupivacaine from EXPAREL if administered together locally. The administration of EXPAREL may follow the administration of lidocaine after a delay of 20 minutes or more.
- Bupivacaine HCl administered together with EXPAREL may impact the pharmacokinetic and/or physicochemical properties of EXPAREL, and this effect is concentration dependent. Therefore, bupivacaine HCl and EXPAREL may be administered simultaneously in the same syringe, and bupivacaine HCl may be injected immediately before EXPAREL as long as the ratio of the milligram dose of bupivacaine HCl solution to EXPAREL does not exceed 1:2.

  The toxic effects of these drugs are additive and their administration should be used with caution including monitoring for neurologic and cardiovascular effects related to local anesthetic systemic toxicity.
- When a topical antiseptic such as povidone iodine (e.g., Betadine®) is applied, the site should be allowed to dry before EXPAREL is administered into the surgical site. EXPAREL should not be allowed to come into contact with antiseptics such as povidone iodine in solution.

Studies conducted with EXPAREL demonstrated that the most common implantable materials (polypropylene, PTFE, silicone, stainless steel, and titanium) are not affected by the presence of EXPAREL any more than they are by saline. None of the materials studied had an adverse effect on EXPAREL.

Non-Interchangeability with Other Formulations of Bupivacaine

Different formulations of bupivacaine are not bioequivalent even if the milligram dosage is the same. Therefore, it is not possible to convert dosing from any other formulations of bupivacaine to EXPAREL and vice versa.

Liposomal encapsulation or incorporation in a lipid complex can substantially affect a drug's functional properties relative to those of the unencapsulated or nonlipid-associated drug. In addition, different liposomal or lipid-complexed products with a common active ingredient may vary from one another in the chemical composition and physical form of the lipid component. Such differences may affect functional properties of these drug products. Do not substitute.

CLINICAL PHARMACOLOGY

Pharmacokinetics

Administration of EXPAREL results in significant systemic plasma levels of bupivacaine which can persist for 96 hours after local infiltration and 120 hours after interscalene brachial plexus nerve block. In general, peripheral nerve blocks have shown systemic plasma levels of bupivacaine for extended duration when compared to local infiltration. Systemic plasma levels of bupivacaine following administration of EXPAREL are not correlated with local efficacy.

PATIENT COUNSELING

Inform patients that use of local anesthetics may cause methemoglobinemia, a serious condition that must be treated promptly. Advise patients or caregivers to seek immediate medical attention if they or someone in their care experience the following signs or symptoms: pale, gray, or blue colored skin (cyanosis); headache; rapid heart rate; shortness of breath; lightheadedness; or fatigue.

PACIRA PHARMACEUTICALS, INC.

Pacira Pharmaceuticals, Inc.
San Diego, CA 92121 USA
Patent Numbers:
6,132,766 5,891,467 5,766,627 8,182,835

For additional information call 1-855-RX-EXPAREL (1-855-793-9727)

Rx only **November 2018**

Choose EXPAREL in OMFS: A proven, long-lasting, non-opioid alternative that improves recovery

- Opioids are still commonly used following oral surgeries and are associated with adverse events that can impact recovery, along with the potential risk of misuse[1,2]
- EXPAREL provided significantly better pain control—with fewer or no opioids*—compared with standard bupivacaine HCl in a total knee arthroplasty study[3]

78% FEWER OPIOIDS OVER **48** **HOURS POSTSURGERY**
***P*=0.0048**

10% OF PATIENTS WERE OPIOID FREE OVER **72** **HOURS POSTSURGERY**
***P*<0.01**
0% WITH STANDARD BUPIVACAINE HCl

DELAYED TIME TO FIRST OPIOID RESCUE: **0.25 to 48** **HOURS WITH EXPAREL**
0.27 TO **33** HOURS WITH STANDARD BUPIVACAINE HCl

OMFS, oral/maxillofacial surgery.

Results from a phase 4, double-blind, randomized, active-controlled, parallel-group study that compared the efficacy and safety of EXPAREL 266 mg (20 mL) (n=70) with bupivacaine HCl 0.5% (n=69) in a total knee arthroplasty. Primary end points: area under the curve of visual analog scale pain intensity scores 12 to 48 hours postsurgery and total opioid consumption 0 to 48 hours postsurgery. Rescue opioids for pain were available upon patient request. Rates and types of adverse events were similar between treatment groups. The most common adverse events in the EXPAREL group were nausea, muscle spasms, and vomiting.[3]

*The clinical benefit of the decrease in opioid consumption was not demonstrated in the pivotal trials.

Indication

EXPAREL is indicated for single-dose infiltration in adults to produce postsurgical local analgesia and as an interscalene brachial plexus nerve block to produce postsurgical regional analgesia. Safety and efficacy have not been established in other nerve blocks.

Important Safety Information

EXPAREL is contraindicated in obstetrical paracervical block anesthesia. Adverse reactions reported with an incidence greater than or equal to 10% following EXPAREL administration via infiltration were nausea, constipation, and vomiting; adverse reactions reported with an incidence greater than or equal to 10% following EXPAREL administration via interscalene brachial plexus nerve block were nausea, pyrexia, and constipation. If EXPAREL and other non-bupivacaine local anesthetics, including lidocaine, are administered at the same site, there may be an immediate release of bupivacaine from EXPAREL. Therefore, EXPAREL may be administered to the same site 20 minutes after injecting lidocaine. EXPAREL is not recommended to be used in the following patient population: patients <18 years old and/or pregnant patients. Because amide-type local anesthetics, such as bupivacaine, are metabolized by the liver, EXPAREL should be used cautiously in patients with hepatic disease.

Scan me to learn more

Warnings and Precautions Specific to EXPAREL: Avoid additional use of local anesthetics within 96 hours following administration of EXPAREL. EXPAREL is not recommended for the following types or routes of administration: epidural, intrathecal, regional nerve blocks **other than interscalene brachial plexus nerve block**, or intravascular or intra-articular use. The potential sensory and/or motor loss with EXPAREL is temporary and varies in degree and duration depending on the site of injection and dosage administered and may last for up to 5 days, as seen in clinical trials.

Warnings and Precautions for Bupivacaine-Containing Products

Central Nervous System (CNS) Reactions: There have been reports of adverse neurologic reactions with the use of local anesthetics. These include persistent anesthesia and paresthesia. CNS reactions are characterized by excitation and/or depression. **Cardiovascular System Reactions:** Toxic blood concentrations depress cardiac conductivity and excitability which may lead to dysrhythmias, sometimes leading to death. **Allergic Reactions:** Allergic-type reactions (eg, anaphylaxis and angioedema) are rare and may occur as a result of hypersensitivity to the local anesthetic or to other formulation ingredients. **Chondrolysis:** There have been reports of chondrolysis (mostly in the shoulder joint) following intra-articular infusion of local anesthetics, which is an unapproved use. **Methemoglobinemia:** Cases of methemoglobinemia have been reported with local anesthetic use.

Please refer to brief summary of full Prescribing Information on adjacent page.
Full Prescribing Information is available at www.EXPAREL.com.
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